



**Alabama Department of Environmental Management**  
[adem.alabama.gov](http://adem.alabama.gov)

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Montgomery, Alabama 36130-1463  
(334) 271-7700 ■ FAX (334) 271-7950

July, 31 2025

Brandon Shoupe  
Chairman  
Houston County Commission  
Post Office Box 6406  
Dothan, AL 36302

RE: Draft Permit  
NPDES Permit No. AL0072669  
Houston County Distribution Center WWTP  
Houston County, Alabama

Dear Mr. Shoupe:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within **30 days** of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

Please be aware that Parts I.C.1.c and I.C.2.e of your permit require participation in the Department's Alabama Environmental Permitting and Compliance System (AEPACS) for submittal of DMRs and SSOs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. SSO hotline notifications and hard copy Form 415 SSO reports may be used only with the written approval from the Department. AEPACS allows ADEM to electronically validate and acknowledge receipt of the data. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. Please note that all AEPACS users can create the electronic DMRs and SSOs; however, only AEPACS users with certifier permissions will be able to submit the electronic DMRs and SSOs to ADEM.

Please also be aware that Part IV. of your permit requires that you develop, implement, and maintain a Sanitary Sewer Overflow Response Plan.

The Alabama Department of Environmental Management encourages you to voluntarily consider pollution prevention practices and alternatives at your facility. Pollution Prevention may assist you in complying with effluent limitations, and possibly reduce or eliminate monitoring requirements.



**Birmingham Office**  
110 Vulcan Road  
Birmingham, AL 35209-4702  
(205) 942-6168  
(205) 941-1603 (FAX)

**Decatur Office**  
2715 Sandlin Road, S.W.  
Decatur, AL 35603-1333  
(256) 353-1713  
(256) 340-9359 (FAX)

**Coastal Office**  
1615 South Broad Street  
Mobile, AL 36605  
(251) 450-3400  
(251) 479-2593 (FAX)

If you have questions regarding this permit or monitoring requirements, please contact Stephanie Ammons at [sammons@adem.alabama.gov](mailto:sammons@adem.alabama.gov) or (334) 274-4151.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Ammons". The script is cursive and fluid, with the first name and last name clearly legible.

Stephanie Ammons  
Municipal Section  
Water Division

Enclosure

cc: Environmental Protection Agency Email  
Ms. Elaine Snyder/U.S. Fish and Wildlife Service  
Ms. Elizabeth Brown/Alabama Historical Commission  
Advisory Council on Historic Preservation  
Department of Conservation and Natural Resources

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

**PERMITTEE:** HOUSTON COUNTY COMMISSION  
POST OFFICE BOX 6406  
DOTHAN, AL 36302

**FACILITY LOCATION:** HOUSTON COUNTY DISTRIBUTION CENTER WWTP (0.02 MGD)  
SOUTH COUNTY ROAD 55  
COTTONWOOD, ALABAMA  
HOUSTON COUNTY

**PERMIT NUMBER:** AL0072669

**RECEIVING WATERS:** SPRING CREEK

*In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1388 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, Code of Alabama 1975, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, Code of Alabama 1975, §§22-22A-1 to 22-22A-17, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.*

**ISSUANCE DATE:**

**EFFECTIVE DATE:**

**EXPIRATION DATE:**

## Draft

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Alabama Department of Environmental Management

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**PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS****A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS****1. DSN 0021: Treated Domestic Wastewater**

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 002, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	*****	mg/l	2X Monthly	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	9.0 Maximum Daily	S.U.	2X Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	5.0 Monthly Average	7.5 Weekly Average	lbs/day	*****	30.0 Monthly Average	45.0 Weekly Average	mg/l	2X Monthly	8-Hr Composite	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	8-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	1.66 Monthly Average	2.50 Weekly Average	lbs/day	*****	10.0 Monthly Average	15.0 Weekly Average	mg/l	2X Monthly	8-Hr Composite	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	8-Hr Composite	S
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	8-Hr Composite	S
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	8-Hr Composite	S
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	2X Monthly	Instantaneous	Not Seasonal

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

## (1) Sample Frequency – See also Part I.B.2

See Permit Requirements for Effluent Toxicity Testing in Part IV.B.

## (2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

## (3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “\*9” on the monthly DMR.



**DSN 0021 (Continued): Treated Domestic Wastewater**

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 002, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Chlorine, Total Residual (50060) See note (3) Effluent Gross Value	*****	*****	*****	*****	*****	1.0 Maximum Daily	mg/l	2X Monthly	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	548 Monthly Average	2507 Maximum Daily	col/100mL	2X Monthly	Grab	ECW
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	126 Monthly Average	298 Maximum Daily	col/100mL	2X Monthly	Grab	ECS
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	4.17 Monthly Average	6.25 Weekly Average	lbs/day	*****	25.0 Monthly Average	37.5 Weekly Average	mg/l	2X Monthly	8-Hr Composite	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	8-Hr Composite	Not Seasonal
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	*****	*****	*****	85.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal
Solids, Suspended Percent Removal (81011) Percent Removal	*****	*****	*****	85.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

(1) Sample Frequency – See also Part I.B.2

See Permit Requirements for Effluent Toxicity Testing in Part IV.B.

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “\*9” on the monthly DMR.

## **B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS**

### **1. Representative Sampling**

Sample collection and measurement actions shall be representative of the volume and nature of the monitored discharge and shall be in accordance with the provisions of this permit. The effluent sampling point shall be at the nearest accessible location just prior to discharge and after final treatment, unless otherwise specified in the permit.

### **2. Measurement Frequency**

Measurement frequency requirements found in Provision I.A. shall mean:

- a. Seven days per week shall mean daily.
- b. Five days per week shall mean any five days of discharge during a calendar weekly period of Sunday through Saturday.
- c. Three days per week shall mean any three days of discharge during a calendar week.
- d. Two days per week shall mean any two days of discharge during a calendar week.
- e. One day per week shall mean any day of discharge during a calendar week.
- f. Two days per month shall mean any two days of discharge during the month that are no less than seven days apart. However, if discharges occur only during one seven-day period in a month, then two days per month shall mean any two days of discharge during that seven day period.
- g. One day per month shall mean any day of discharge during the calendar month.
- h. Quarterly shall mean any day of discharge during each calendar quarter.
- i. The Permittee may increase the frequency of sampling, listed in Provisions I.B.2.a through I.B.2.h; however, all sampling results are to be reported to the Department.

### **3. Test Procedures**

For the purpose of reporting and compliance, permittees shall use one of the following procedures:

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" or "\*B" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the permittee shall use the newly approved method.
- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the permittee during permit issuance, reissuance, modification, or during compliance schedule.

In either case the measured value should be reported if the analytical result is at or above the ML and "0" or "\*B" reported for values below the ML.

- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.

The Minimum Level utilized for procedures a and b above shall be reported on the permittee's DMR. When an EPA approved test procedure for analysis of a pollutant does not exist, the Director shall approve the procedure to be used.



#### 4. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

- a. The facility name and location, point source number, date, time and exact place of sampling;
- b. The name(s) of person(s) who obtained the samples or measurements;
- c. The dates and times the analyses were performed;
- d. The name(s) of the person(s) who performed the analyses;
- e. The analytical techniques or methods used, including source of method and method number; and
- f. The results of all required analyses.

#### 5. Records Retention and Production

- a. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
- b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

#### 6. Reduction, Suspension or Termination of Monitoring and/or Reporting

- a. The Director may, with respect to any point source identified in Provision I.A. of this permit, authorize the permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I.A. of this permit.
- b. It remains the responsibility of the permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the permittee from the Director.

#### 7. Monitoring Equipment and Instrumentation

All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

### C. DISCHARGE REPORTING REQUIREMENTS

#### 1. Reporting of Monitoring Requirements

- a. The permittee shall conduct the required monitoring in accordance with the following schedule:
  - (1) **MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY** shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.
  - (2) **QUARTERLY MONITORING** shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e., March, June, September and December DMRs).

- (3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
  - (4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.
- b. The permittee shall submit discharge monitoring reports (DMRs) in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. electronically.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's electronic system (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.
- If the Department's electronic system is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the Department's electronic system resuming operation, the permittee shall enter the data into the Department's electronic system, unless an alternate timeframe is approved by the Department. A comment should be included on the electronic DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date), if applicable.
- (2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.
  - (3) A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.



- (4) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
  - (5) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
  - (6) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

- e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

**Alabama Department of Environmental Management  
Office of Water Services, Water Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463**

Certified and Registered Mail containing Discharge Monitoring Reports shall be addressed to:

**Alabama Department of Environmental Management  
Office of Water Services, Water Division  
1400 Coliseum Boulevard  
Montgomery, Alabama 36110-2400**

- f. All other correspondence and reports required to be submitted by this permit, the AWPCA, and the Department's Rules shall be addressed to:

**Alabama Department of Environmental Management  
Municipal Section, Water Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463**

Certified and Registered Mail shall be addressed to:

**Alabama Department of Environmental Management  
Municipal Section, Water Division  
1400 Coliseum Boulevard  
Montgomery, Alabama 36110-2400**

- g. If this permit is a reissuance, then the permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b. above.

## **2. Noncompliance Notifications and Reports**

- a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:
- (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";
  - (2) Potentially threatens human health or welfare;



- (3) Threatens fish or aquatic life;
- (4) Causes an in-stream water quality criterion to be exceeded;
- (5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
- (6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
- (7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A. as a result of an unanticipated bypass or upset; or
- (8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state. (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision.)

The Permittee shall orally or electronically provide notification of any of the above occurrences, describing the circumstances and potential effects, to the Director or Designee within 24-hours after the Permittee becomes aware of the occurrence of such discharge. In addition to the oral or electronic notification, the Permittee shall submit a report to the Director or Designee, as provided in Provision I.C.2.c. or I.C.2.e., no later than five days after becoming aware of the occurrence of such discharge or occurrence.

- b. If, for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.
- c. Except for notifications and reports of notifiable SSOs which shall be submitted in accordance with the applicable Provisions of this permit, the Permittee shall submit the reports required under Provisions I.C.2.a. and b. to the Director or Designee on ADEM Form 421, available on the Department's website (<http://www.adem.state.al.us/DeptForms/Form421.pdf>). The completed Form must document the following information:
  - (1) A description of the discharge and cause of noncompliance;
  - (2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If the noncompliance is not corrected by the due date of the written report, then the Permittee shall provide an estimated date by which the noncompliance will be corrected; and
  - (3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge and to prevent its recurrence.
- d. Immediate notification

The Permittee shall provide notification to the Director, the public, the county health department, and any other affected entity such as public water systems, as soon as possible upon becoming aware of any notifiable sanitary sewer overflow. Notification to the Director shall be completed utilizing the Department's web-based electronic environmental SSO reporting system in accordance with Provision I.C.2.e.

- e. The Department is utilizing an electronic system for notification and submittal of SSO reports. Except as noted below, the Permittee must submit all SSO reports electronically in the Department's electronic system. If requested, waivers from utilization of the electronic system shall be submitted in accordance with ADEM Admin. Code 335-6-1-.04(6). The Department's electronic reporting system shall be utilized unless a written waiver has been granted. A waiver is not effective until receipt of written approval from the Department. Utilization of verbal notifications and hard copy SSO report submittals is allowed only if approved in writing by the Department. The Permittee shall include in the SSO reports the information requested by ADEM Form 415. In addition, the Permittee shall include the latitude and longitude of the SSO in the report except when the SSO is a result of an extreme weather event (e.g., hurricane). To participate in the electronic system for SSO reports, an account may be created at <https://aepacs.adem.alabama.gov/nviro/ncore/external/home>. If the electronic system is down (i.e., electronic submittal of SSO data cannot be completed due to technical problems originating with the Department's system), the Permittee is not relieved of its obligation to notify the Department or submit SSO reports to the Department by the required submittal date, and the Permittee shall submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include verbal reports, reports submitted via the SSO hotline, or reports submitted via fax, e-mail, mail, or hand-delivery such that they are



received by the required reporting date. Within five calendar days of the electronic system resuming operation, the Permittee shall enter the data into the electronic system, unless an alternate timeframe is approved by the Department. For any alternate notification, records of the date, time, notification method, and person submitting the notification should be maintained by the Permittee. If a Permittee is allowed to submit SSO reports via an alternate method, the SSO report must be in a format approved by the Department and must be legible.

- f. The Permittee shall maintain a record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall include this record in its **Municipal Water Pollution Prevention (MWPP) Annual Reports**, which shall be submitted to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The MWPP Annual Reports shall contain a list of all known wastewater discharge points that are not authorized as permitted outfalls and any discharges that occur prior to the headworks of the wastewater treatment plant covered by this permit. The Permittee shall also provide in the MWPP Annual Reports a list of any discharges reported during the applicable time period in accordance with Provision I.C.2.a. The Permittee shall include in its MWPP Annual Reports the following information for each known unpermitted discharge that occurred:
  - (1) The cause of the discharge;
  - (2) Date, duration and volume of discharge (estimate if unknown);
  - (3) Description of the source (e.g., manhole, lift station);
  - (4) Location of the discharge, by latitude and longitude (or other appropriate method as approved by the Department);
  - (5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody); and
  - (6) Corrective actions taken and/or planned to eliminate future discharges.

#### **D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS**

##### **1. Anticipated Noncompliance**

The permittee shall give the Director written advance notice of any planned changes or other circumstances regarding a facility which may result in noncompliance with permit requirements.

##### **2. Termination of Discharge**

The permittee shall notify the Director, in writing, when all discharges from any point source(s) identified in Provision I. A. of this permit have permanently ceased. This notification shall serve as sufficient cause for instituting procedures for modification or termination of the permit.

##### **3. Updating Information**

- a. The permittee shall inform the Director of any change in the permittee's mailing address or telephone number or in the permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the permittee shall furnish the Director with an update of any information provided in the permit application.
- b. If the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

##### **4. Duty to Provide Information**

The permittee shall furnish to the Director, within a reasonable time, any information which the Director or his designee may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit, in whole or in part, or to determine compliance with this permit.

**E. SCHEDULE OF COMPLIANCE****1. Compliance with discharge limits**

The permittee shall achieve compliance with the discharge limitations specified in Provision I. A. in accordance with the following schedule:

**COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT**

**2. Schedule**

No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.



## **PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES**

### **A. OPERATIONAL AND MANAGEMENT REQUIREMENTS**

#### **1. Facilities Operation and Maintenance**

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of the permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities only when necessary to achieve compliance with the conditions of the permit.

#### **2. Best Management Practices**

- a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.
- b. The permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.
- c. The permittee shall prepare, submit for approval and implement a Best Management Practices (BMP) Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

#### **3. Certified Operator**

The permittee shall not operate any wastewater treatment plant unless the competency of the operator to operate such plant has been duly certified by the Director pursuant to AWPCA, and meets the requirements specified in ADEM Administrative Code, Rule 335-10-1.

### **B. OTHER RESPONSIBILITIES**

#### **1. Duty to Mitigate Adverse Impacts**

The permittee shall promptly take all reasonable steps to mitigate and minimize or prevent any adverse impact on human health or the environment resulting from noncompliance with any discharge limitation specified in Provision I. A. of this permit, including such accelerated or additional monitoring of the discharge and/or the receiving waterbody as necessary to determine the nature and impact of the noncomplying discharge.

#### **2. Right of Entry and Inspection**

- a. The permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:
  - (1) Enter upon the permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;
  - (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits;
  - (3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
  - (4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

### **C. BYPASS AND UPSET**

#### **1. Bypass**

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:
  - (1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;



- (2) It enters the same receiving stream as the permitted outfall; and
  - (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:
- (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;
  - (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
  - (3) The permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the permittee is granted such authorization, and the permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.
- d. The permittee has the burden of establishing that each of the conditions of Provision II. C. 1. b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.

## **2. Upset**

- a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:
- (1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
  - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:
    - (i) An upset occurred;
    - (ii) The Permittee can identify the specific cause(s) of the upset;
    - (iii) The Permittee's facility was being properly operated at the time of the upset; and
    - (iv) The Permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.
- b. The permittee has the burden of establishing that each of the conditions of Provision II. C. 2. a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I. A. of this permit.

## **D. DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES**

### **1. Duty to Comply**

- a. The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.
- b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a permittee in an enforcement action.
- c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
- d. The permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.



- e. Nothing in this permit shall be construed to preclude or negate the Permittee's responsibility to apply for, obtain, or comply with other Federal, State, or Local Government permits, certifications, or licenses or to preclude from obtaining other federal, state, or local approvals, including those applicable to other ADEM programs and regulations.

**2. Removed Substances**

Solids, sludges, filter backwash, or any other pollutant or other waste removed in the course of treatment or control of wastewaters shall be disposed of in a manner that complies with all applicable Department Rules.

**3. Loss or Failure of Treatment Facilities**

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I. A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

**4. Compliance with Statutes and Rules**

- a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.
- b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

**E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE**

**1. Duty to Reapply or Notify of Intent to Cease Discharge**

- a. If the permittee intends to continue to discharge beyond the expiration date of this permit, the permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the permittee does not intend to continue discharge beyond the expiration of this permit, the permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.
- b. Failure of the permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

**2. Change in Discharge**

Prior to any facility expansion, process modification or any significant change in the method of operation of the permittee's treatment works, the permittee shall provide the Director with information concerning the planned expansion, modification or change. The permittee shall apply for a permit modification at least 180 days prior to any facility expansion, process modification, significant change in the method of operation of the permittee's treatment works, or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

**3. Transfer of Permit**

This permit may not be transferred or the name of the permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership, or control of the permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to

be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership, or control, he may decide not to modify the existing permit and require the submission of a new permit application.

#### 4. Permit Modification and Revocation

- a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
  - (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
  - (3) If modification or revocation and reissuance is requested by the permittee and cause exists, the Director may grant the request.
- b. This permit may be modified during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;
  - (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
  - (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
  - (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
  - (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
  - (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
  - (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
  - (8) To agree with a granted variance under 301(c), 301(g), 301(h), 301(k), or 316(a) of the FWPCA or for fundamentally different factors;
  - (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
  - (10) When required by the reopener conditions in this permit;
  - (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
  - (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
  - (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
  - (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; or

#### 5. Termination

This permit may be terminated during its term for cause, including but not limited to, the following:

- a. Violation of any term or condition of this permit;
- b. The permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;



- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the permittee.
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

**6. Suspension**

This permit may be suspended during its term for noncompliance until the permittee has taken action(s) necessary to achieve compliance.

**7. Stay**

The filing of a request by the permittee for modification, suspension, or revocation of this permit, in whole or in part, does not stay any permit term or condition.

**F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION**

If any applicable effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a), for a toxic pollutant discharged by the permittee and such standard or prohibition is more stringent than any discharge limitation on the pollutant specified in Provision I. A. of this permit, or controls a pollutant not limited in Provision I. A. of this permit, this permit shall be modified to conform to the toxic pollutant effluent standard or prohibition and the permittee shall be notified of such modification. If this permit has not been modified to conform to the toxic pollutant effluent standard or prohibition before the effective date of such standard or prohibition, the permittee shall attain compliance with the requirements of the standard or prohibition within the time period required by the standard or prohibition and shall continue to comply with the standard or prohibition until this permit is modified or reissued.

**G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS**

1. The permittee shall not allow the introduction of wastewater, other than domestic wastewater, from a new indirect discharger prior to approval and permitting, if applicable, of the discharge by the Department.
2. The permittee shall not allow an existing indirect discharger to increase the quantity or change the character of its wastewater, other than domestic wastewater, prior to approval and permitting, if applicable, of the increased discharge by the Department.
3. The permittee shall report to the Department any adverse impact caused or believed to be caused by an indirect discharger on the treatment process, quality of discharged water or quality of sludge. Such report shall be submitted within seven days of the permittee becoming aware of the adverse impacts.

**H. PROHIBITIONS**

The permittee shall not allow, and shall take effective enforcement action to prevent and terminate, the introduction of any of the following into its treatment works by industrial users:

1. Pollutants which may create a fire or explosive hazard, including, but not limited to, waste streams with a closed cup flashpoint of less than 140 degrees Fahrenheit or 60 degrees Centigrade using the test methods specified in 40 CFR 261.21;
2. Pollutants which may cause corrosive structural damage to the treatment works, but in no case discharges with a pH lower than 5.0;
3. Solid or viscous pollutants in amounts which may cause obstruction to the flow in sewers, or other interference in the treatment works;
4. Any pollutant, including oxygen demanding pollutants (BOD, etc.) of such volume or strength as to cause interference in the treatment works;

5. Heat in amounts which may inhibit biological activity in the treatment plant resulting in interference but in no case in such quantities that the temperature of the influent, at the treatment plant, exceeds 40 degrees centigrade or 104 degrees Fahrenheit;
6. Pollutants which may result in the presence of toxic gases, vapors, or fumes within the treatment works in a quantity that may cause acute worker health and safety problems;
7. Unless specifically authorized by this permit, any pollutants not generated at the facility for which this permit was issued; or
8. Petroleum oil, biodegradable cutting oil, or products of mineral oil origin in amounts that will cause pass through or interference.



## **PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS**

### **A. CIVIL AND CRIMINAL LIABILITY**

#### **1. Tampering**

Any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained or performed under the permit shall, upon conviction, be subject to penalties as provided by the AWPCA.

#### **2. False Statements**

Any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance shall, upon conviction, be subject to penalties as provided by the AWPCA.

#### **3. Permit Enforcement**

- a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA and as such any terms, conditions, or limitations of the permit are enforceable under state and federal law.
- b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes:
  - (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;
  - (2) An action for damages;
  - (3) An action for injunctive relief; or
  - (4) An action for penalties.
- c. If the permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the permittee has made a timely and complete application for reissuance of the permit:
  - (1) Initiate enforcement action based upon the permit which has been continued;
  - (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
  - (3) Reissue the new permit with appropriate conditions; or
  - (4) Take other actions authorized by these rules and AWPCA.

#### **4. Relief from Liability**

Except as provided in Provision II. C. 1. (Bypass) and Provision II. C. 2. (Upset), nothing in this permit shall be construed to relieve the permittee of civil or criminal liability under the AWPCA or FWPCA for noncompliance with any term or condition of this permit.

### **B. OIL AND HAZARDOUS SUBSTANCE LIABILITY**

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities or penalties to which the permittee is or may be subject under Section 311 of the FWPCA, 33 U.S.C. Section 1321.

### **C. PROPERTY AND OTHER RIGHTS**

This permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to persons or property or invasion of other private rights, or any infringement of federal, state, or local laws or regulations, nor does it authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any waters of the state or of the United States.

**D. AVAILABILITY OF REPORTS**

Except for data determined to be confidential under Code of Alabama 1975, Section 22-22-9(c), all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the Department. Effluent data shall not be considered confidential.

**E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES**

1. If this permit was issued for a new discharger or new source, this permit shall expire eighteen months after the issuance date if construction of the facility has not begun during the eighteen-month period.
2. If this permit was issued or modified to allow the discharge of increased quantities of pollutants to accommodate the modification of an existing facility, and if construction of this modification has not begun during the eighteen month period after issuance of this permit or permit modification, this permit shall be modified to reduce the quantities of pollutants allowed to be discharged to those levels that would have been allowed if the modification of the facility had not been planned.
3. Construction has begun when the owner or operator has:
  - a. Begun, or caused to begin as part of a continuous on-site construction program:
    - (1) Any placement, assembly, or installation of facilities or equipment; or
    - (2) Significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which are necessary for the placement, assembly, or installation of new source facilities or equipment; or
  - b. Entered into a binding contractual obligation for the purpose of placement, assembly, or installation of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under this paragraph.
4. Final plans and specifications for a waste treatment facility at a new source or new discharger, or a modification to an existing waste treatment facility must be submitted to and examined by the Department prior to initiating construction of such treatment facility by the permittee.
5. Upon completion of construction of waste treatment facilities and prior to operation of such facilities, the permittee shall submit to the Department a certification from a registered professional engineer, licensed to practice in the State of Alabama, that the treatment facilities have been built according to plans and specifications submitted to and examined by the Department.

**F. COMPLIANCE WITH WATER QUALITY STANDARDS**

1. On the basis of the permittee's application, plans, or other available information, the Department has determined that compliance with the terms and conditions of this permit should assure compliance with the applicable water quality standards.
2. Compliance with permit terms and conditions notwithstanding, if the permittee's discharge(s) from point sources identified in Provision I. A. of this permit cause or contribute to a condition in contravention of state water quality standards, the Department may require abatement action to be taken by the permittee in emergency situations or modify the permit pursuant to the Department's Rules, or both.
3. If the Department determines, on the basis of a notice provided pursuant to this permit or any investigation, inspection or sampling, that a modification of this permit is necessary to assure maintenance of water quality standards or compliance with other provisions of the AWPCA or FWPCA, the Department may require such modification and, in cases of emergency, the Director may prohibit the discharge until the permit has been modified.

**G. GROUNDWATER**

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater monitoring to properly assess the degree of the problem, and the Director may require that the permittee undertake measures to abate any such discharge and/or contamination.



## H. DEFINITIONS

1. **Average monthly discharge limitation** - means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. **Average weekly discharge limitation** - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
3. **Arithmetic Mean** – means the summation of the individual values of any set of values divided by the number of individual values.
4. **AWPCA** - means the Alabama Water Pollution Control Act.
5. **BOD** – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. **Bypass** - means the intentional diversion of waste streams from any portion of a treatment facility.
7. **CBOD** – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. **Daily discharge** - means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. **Daily maximum** - means the highest value of any individual sample result obtained during a day.
10. **Daily minimum** - means the lowest value of any individual sample result obtained during a day.
11. **Day** - means any consecutive 24-hour period.
12. **Department** - means the Alabama Department of Environmental Management.
13. **Director** - means the Director of the Department.
14. **Discharge** - means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. **Discharge Monitoring Report (DMR)** - means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. **DO** – means dissolved oxygen.
17. **8HC** – means 8-hour composite sample, including any of the following:
  - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
  - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. **EPA** - means the United States Environmental Protection Agency.
19. **FC** – means the pollutant parameter fecal coliform.
20. **Flow** – means the total volume of discharge in a 24-hour period.
21. **FWPCA** - means the Federal Water Pollution Control Act.
22. **Geometric Mean** – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).

23. **Grab Sample** – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. **Indirect Discharger** – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. **Industrial User** – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category “Division D – Manufacturing” and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. **MGD** – means million gallons per day.
27. **Monthly Average** – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. **New Discharger** – means a person, owning or operating any building, structure, facility, or installation:
  - a) From which there is or may be a discharge of pollutants;
  - b) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
  - c) Which has never received a final effective NPDES permit for dischargers at that site.
29. **NH3-N** – means the pollutant parameter ammonia, measured as nitrogen.
30. **Notifiable sanitary sewer overflow** - means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
  - a) Reaches a surface water of the State; or
  - b) May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
31. **Permit application** - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
32. **Point source** - means “any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged.” Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
33. **Pollutant** - includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
34. **Privately Owned Treatment Works** – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a “POTW”.
35. **Publicly Owned Treatment Works (POTW)** – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. **Receiving Stream** – means the “waters” receiving a “discharge” from a “point source”.
37. **Severe property damage** - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
38. **Significant Source** – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work’s capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. **TKN** – means the pollutant parameter Total Kjeldahl Nitrogen.
40. **TON** – means the pollutant parameter Total Organic Nitrogen.
41. **TRC** – means Total Residual Chlorine.



42. **TSS** – means the pollutant parameter Total Suspended Solids.
43. **24HC** – means 24-hour composite sample, including any of the following:
- a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
  - b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
  - c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. **Upset** - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
45. **Waters** - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
46. **Week** - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.
47. **Weekly (7-day and calendar week) Average** – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

## I. SEVERABILITY

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

## **PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS**

### **A. SLUDGE MANAGEMENT PRACTICES**

#### **1. Applicability**

- a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.
- b. Provisions of Provision IV.A. do not apply to:
  - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.
  - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.

#### **2. Submitting Information**

- a. If applicable, the Permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:
  - (1) Type of sludge stabilization/digestion method;
  - (2) Daily or annual sludge production (dry weight basis);
  - (3) Ultimate sludge disposal practice(s).
- b. The Permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
- c. The Permittee shall give prior notice to the Director of at least 30 days of any change planned in the Permittee's sludge disposal practices.

#### **3. Reopener or Modification**

- a. Upon review of information provided by the Permittee as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.
- b. If an applicable "acceptable management practice" or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit. This permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

### **B. EFFLUENT TOXICITY TESTING REOPENER**

Upon notification under Part II.G. of any newly introduced toxic industrial wastewaters, the Director may reopen the permit to include effluent toxicity limitations and testing requirements.

### **C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS**

1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "\*9" should be reported on the DMR forms.
2. Testing for TRC shall be conducted according to either the amperometric titration method or the DPD colorimetric method as specified in Section 408(C) or (E), Standards Methods for the Examination of Water and Wastewater, 18th edition. If the analytical result is less than the detection level or a value otherwise indicated in this permit, the Permittee shall report on the DMR form "\*B" or "0". The Permittee shall then be considered to be in compliance with the daily maximum concentration limit for TRC.
3. This permit contains a maximum allowable TRC level in the effluent. The Permittee is responsible for determining the minimum TRC level needed in the chlorine contact chamber to comply with E.coli limits. The effluent shall be dechlorinated if necessary to meet the maximum allowable effluent TRC level.



4. The sample collection point for effluent TRC shall be at a point downstream of the chlorine contact chamber (downstream of dechlorination, if applicable). The exact location is to be approved by the Director.

#### **D. PLANT CLASSIFICATION**

The Permittee shall report to the Director within 30 days of the effective date of this permit, the name, address and operator number of the certified wastewater operator in responsible charge of the facility. Unless specified elsewhere in this permit, this facility shall be classified in accordance with ADEM Admin. Code R. 335-10-1-.03.

#### **E. SANITARY SEWER OVERFLOW RESPONSE PLAN**

##### **1. SSO Response Plan**

Within 120 days of the effective date of this Permit, the Permittee shall develop a Sanitary Sewer Overflow (SSO) Response Plan to establish timely and effective methods for responding to notifiable sanitary sewer overflows. The SSO Response Plan shall address each of the following:

##### **a. General Information**

- (1) Approximate population of City/Town, if applicable
- (2) Approximate number of customers served by the Permittee
- (3) Identification of any subbasins designated by the Permittee, if applicable
- (4) Identification of estimated linear feet of sanitary sewers
- (5) Number of Pump/Lift Stations in the collection system

##### **b. Responsibility Information**

- (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
- (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)

##### **c. SSO and Surface Water Assessment**

- (1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)
- (2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.
- (3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include the following: <http://adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf> and <http://adem.alabama.gov/wqmap>.
- (4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated

##### **d. Public Reporting of SSOs**

- (1) Contact information for the public to report an SSO to the Permittee, during both normal and outside of normal business hours (e.g., telephone number, website, email address, etc.)



- (2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)
  - (3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary
  - e. Procedures to immediately notify the Department, the county health department, and other affected entities (such as public water systems) upon becoming aware of notifiable SSOs
  - f. Public Notification Methods for SSOs
    - (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)
      - (i) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)
    - (2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)
    - (3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO
  - g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum
    - (1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
    - (2) Procedures for collection and proper disposal of the SSO, if feasible.
    - (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.
    - (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.
  - h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.
- 2. SSO Response Plan Implementation**
- Except as otherwise required by this Permit, the Permittee shall fully implement the SSO Response Plan as soon as practicable, but no later than 180 days after the effective date of this Permit.
- 3. Department Review of the SSO Response Plan**
- a. When requested by the Director or his designee, the Permittee shall make the SSO Response Plan available for review by the Department.
  - b. Upon review, the Director or his designee may notify the Permittee that the SSO Response Plan is deficient and require modification of the Plan.
  - c. Within thirty days of receipt of notification, or an alternate timeframe as approved by the Department, the Permittee shall modify any SSO Response Plan deficiency identified by the Director or his designee and shall certify to the Department that the modification has been made.
- 4. SSO Response Plan Administrative Procedures**
- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.



- b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.
- c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.
- d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0072669**

Date: June 10, 2025

Permit Applicant: Houston County Commission  
Post Office Box 6406  
Dothan, AL 36302

Location: **Houston County Distribution Center WWTP**  
South County Road 55  
Cottonwood, AL 36320

Draft Permit is: Initial Issuance:  
Reissuance due to expiration: **X**  
Modification of existing permit:  
Revocation and Reissuance:

Basis for Limitations: Water Quality Model: DO, NH<sub>3</sub>-N, CBOD<sub>5</sub>  
Reissuance with no modification: DO, pH, TSS, NH<sub>3</sub>-N, TRC, E. coli, CBOD<sub>5</sub>,  
CBOD<sub>5</sub>% Removal, TSS% Removal  
Instream calculation at 7Q10: <1.0%  
Toxicity based: TRC  
Secondary Treatment Levels: CBOD<sub>5</sub>, CBOD<sub>5</sub>% Removal, TSS% Removal  
Other (described below): pH, E. coli

Design Flow (MGD): 0.02 MGD

Major: No

Description of Discharge:

Feature ID	Description	Receiving Water	Waterbody Use Classification	303(d)	TMDL
002	Treated Domestic Wastewater	Spring Creek	Fish and Wildlife (F&W)	No	No

### Discussion:

This is a permit reissuance due to expiration. The permit regulates the discharge of treated domestic wastewater to Spring Creek, a Tier I stream classified as Fish and Wildlife in the Chipola River Basin. The Permittee asserts that there are no significant industrial dischargers (i.e., no SID permits) to the treatment plant.

There are no approved Total Maximum Daily Loads (TMDLs) affecting this discharge, and the segment of Spring Creek containing the discharge is not listed on Alabama's most recent 303(d) list of impaired waters.

Limits for Dissolved Oxygen (DO), Five Day Carbonaceous Biochemical Oxygen Demand (CBOD<sub>5</sub>), and Total Ammonia as Nitrogen (NH<sub>3</sub>-N) were developed based on a Waste Load Allocation (WLA) model completed by ADEM's Water Quality Branch on June 6, 2025. The daily minimum DO limit is 6.0 mg/L. The monthly average CBOD<sub>5</sub> limit is 25.0 mg/L. The monthly average NH<sub>3</sub>-N limit is 10.0 mg/L.

The Municipal Section, in consultation with the Department's Water Quality Branch, has conducted a narrative nutrient reasonable potential analysis. Based on a review of the facility's current levels of nutrients in the discharge and current assessments of the available information, the Permittee is required to monitor and report effluent test results for Total Kjeldahl Nitrogen (TKN), Nitrite plus Nitrate (NO<sub>2</sub>+NO<sub>3</sub>-N), and Total Phosphorus (TP) during the



summer season. Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose additional nutrient limits on this discharge.

The *Escherichia coli* (*E. coli*) limits were determined based on the water-use classification of the receiving stream. Since Spring Creek is classified as Fish and Wildlife, the limits for May – October are 126 col/100mL (monthly average) and 298 col/100mL (daily maximum), while the limits for November – April are 548 col/100mL (monthly average) and 2507 col/100mL (daily maximum).

The pH limits were developed in accordance with the water-use classification of the receiving stream. The pH limits are 6.0 s.u (daily minimum) and 9.0 s.u. (daily maximum).

The Total Residual Chlorine (TRC) limit is based on calculations to ensure that the acute and chronic toxic concentrations of TRC in the receiving stream are not exceeded. The TRC limit is 1.0 mg/L (daily maximum). The TRC limit is provisional. If chlorine disinfection is utilized then the imposed TRC limits will apply.

The monthly average Total Suspended Solids (TSS) limit is established at 30.0 mg/L in accordance with 40 CFR 133.102. A minimum percent removal limit of 85.0 percent is imposed for TSS in accordance with 40 CFR 133.102. A minimum percent removal limit of 85.0 percent is imposed for CBOD5 in accordance with 40 CFR 133.102.

No toxicity testing is required because there are no significant industrial discharges to the plant and because this is a minor facility (less than 1.0 MGD design capacity).

The frequency of monitoring for most parameters is two days per month. Nutrient-related parameters are to be monitored monthly during the summer season (April – October). Percent removals are to be calculated monthly. Flow is to be monitored instantaneously on sample day.

ADEM Administrative Rule 335-6-10-.12 requires applicants for new or expanded discharges to Tier II waters demonstrate that the proposed discharge is necessary for important economic or social development in the area in which the waters are located. The application submitted by the facility is not for a new or expanded discharge to a Tier II stream, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Prepared by: Stephanie Ammons

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Houston County Distribution Center WWTP	
NPDES Permit Number:	AL0072669	
Receiving Stream:	Spring Creek	
Facility Design Flow ( $Q_w$ ):	0.020 MGD	
Receiving Stream 7Q <sub>10</sub> :	4.260 cfs	
Receiving Stream 1Q <sub>10</sub> :	3.190 cfs	
Winter Headwater Flow (WHF):	9.93 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	30 deg. Celsius	
Headwater Background NH <sub>3</sub> -N Level:	0.11 mg/l	
Receiving Stream pH:	7.0 s.u.	
Headwater Background FC Level (summer):	N./A.	(Only applicable for facilities with diffusers.)
(winter)	N./A.	

The Stream Dilution Ration (SDR) is calculated using the 7Q<sub>10</sub> for all stream classifications.

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 0.72\%$$

### AMMONIA TOXICITY LIMITATIONS

Toxicity-based ammonia limits are calculated in accordance with the *Ammonia Toxicity Protocol* and the *General Guidance for Writing Water Quality Based Toxicity Permits*.

If the Limiting Dilution is less than 1%, the waterbody is considered stream-dominated and the CMC applies.

If the Limiting Dilution is greater than 1%, the waterbody is considered effluent-dominated and the CCC applies.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 0.72\% \quad \text{Stream-Dominated, CMC Applies} \end{aligned}$$

$$\begin{aligned} \text{Criterion Maximum Concentration (CMC):} & \quad \text{CMC} = 0.411 / (1 + 10^{(7.204 - \text{pH})}) + 58.4 / (1 + 10^{(\text{pH} - 7.204)}) \\ \text{Criterion Continuous Concentration (CCC):} & \quad \text{CCC} = [0.0577 / (1 + 10^{(7.688 - \text{pH})}) + 2.487 / (1 + 10^{(\text{pH} - 7.688)})] * \text{Min}[2.85, 1.45 * 10^{(0.028 * (25 - T))}] \end{aligned}$$

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH <sub>3</sub> -N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH <sub>3</sub> -N:	36.09 mg/l	2.18 mg/l

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 4989.7 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= \text{N./A.} \end{aligned}$$

The ammonia limits established in the permit will be the lesser of the DO-based ammonia limit (from the wasteload allocation model) or the toxicity limits calculated above.

	<u>DO-based NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	10.00 mg/l NH <sub>3</sub> -N	4989.70 mg/l NH <sub>3</sub> -N
Winter	N./A.	N./A.

**Summer: The DO based limit of 10.00 mg/l NH<sub>3</sub>-N applies.**

**Winter limits are not applicable.**



## TOXICITY TESTING REQUIREMENTS (REFERENCE: MUNICIPAL BRANCH TOXICITY PERMITTING STRATEGY)

The following factors trigger toxicity testing requirements:

1. Facility design flow is equal to or greater than 1.0 MGD (major facility).
2. There are significant industrial contributors (SID permits).

Acute toxicity testing is specified for A&I receiving streams, or for stream dilution ratios of 1% or less.

Chronic toxicity testing is specified for all other situations requiring toxicity testing.

**This is a minor facility ( $Q_w < 1.0$  MGD) with no SID permits. No toxicity testing is required.**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{1Q10 + Q_w} = 0.96\%$$

Note: This number will be rounded up for toxicity testing purposes.

## DISINFECTION REQUIREMENTS

Bacteria limits are required, and will be the water quality limit for the receiving stream, except where diffusers are used the limit may be adjusted for the dilution provided by the diffuser.

See the attached Disinfection Guidance for applicable stream standards.

**(Non-coastal limits apply)**

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

Limit calculation method: **Limits based on meeting stream standards at the point of discharge.**

	Stream Standard (colonies/100ml)	Effluent Limit (colonies/100ml)
<b><u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u></b>		
Monthly limit as monthly average (November through April):	548	<b>548</b>
Monthly limit as monthly average (May through October):	126	<b>126</b>
Daily Max (November through April):	2507	<b>2507</b>
Daily Max (May through October):	298	<b>298</b>
<b><u>Enterococci (applies to Coastal)</u></b>		
Monthly limit as geometric mean (November through April):	Not applicable	<b>Not applicable</b>
Monthly limit as geometric mean (May through October):	Not applicable	<b>Not applicable</b>
Daily Max (November through April):	Not applicable	<b>Not applicable</b>
Daily Max (May through October):	Not applicable	<b>Not applicable</b>

## MAXIMUM ALLOWABLE CHLORINATION LIMITS

Toxicity-based chlorine limits are calculated in accordance with the General Guidance for Writing Water Quality Based Toxicity Permits.

Chlorine has been shown to be acutely toxic at 0.019 mg/l and chronically toxic at 0.011 mg/l.

Maximum allowable TRC in effluent:	1.525	(0.011)/(SDR)
Maximum allowable TRC in effluent:	2.635	(0.019)/(SDR)

NOTE: A maximum chlorine limit will be imposed such that the instream concentration will not exceed acutely toxic concentrations in A & I streams and chronically toxic concentrations in all other streams, but may not exceed 1.0 mg/l.

Prepared By: Stephanie Ammons

Date: 6/12/2025

# Waste Load Allocation Summary

Page 1

## REQUEST INFORMATION

Request Number:

4068

From:

Stephanie Ammons

In Branch/Section

Municipal

Date Submitted

5/5/2025

Date Required

6/4/2025

FUND Code

605

Date Permit application received by NPDES program

12/18/2024

Receiving

Spring Creek

Previous Stream

Facility

Houston County Distribution Center WWTP

(Name of Discharger-WQ will use to file)

Discharger Name

River Basin

Chipola

30.999002

(decimal degrees)

\*County

Houston

Outfall Longitude

-85.381441

(decimal degrees)

Permit

AL0072669

Permit

Permit Reissuance

Permit

Active

Type of Discharger

MUNICIPAL

Do other discharges exist that may impact the model?

☐ Yes☒ No

If yes, impacting dischargers names.

Impacting dischargers permit numbers.

Existing Discharge Design Flow

0.02

MGD

Proposed Discharge Design Flow

0.02

MGD

Note: The flow rates given should be those requested for modeling.

Comments included



Yes



No

Information Verified By

HAW

Year File Was Created

Response ID Number

2047

Lat/Long Method

GPS

12 Digit HUC Code

031300120105

Use Classification

F&amp;W

Site Visit Completed?



Yes



No

Date of Site Visit

5/28/2025

Waterbody Impaired?



Yes



No

Date of WLA Response

6/6/2025

Antidegradation



Yes



No

Approved TMDL?



Yes



No

Waterbody Tier Level

Tier I

Use Support

3

Approval Date of TMDL

## Waste Load Allocation Information

Modeled Reach Length

3.8

Miles

Date of Allocation

6/6/2025

Name of Model Used

SWQM

Allocation Type

Annual

Model Completed by

Hayden Willis

Type of Model Used

Desk-top

Allocation Developed by

Water Quality Branch



# Waste Load Allocation Summary

Page 2

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
Season			Season				Season	
From			From				From	
Through			Through				Through	
CBOD5 25 mg/L			CBOD5				TP	
NH3-N 10 mg/L			NH3-N				TN	
TKN			TKN				TSS	
D.O. 6 mg/L			D.O.					

"Monitor Only" Parameters for Effluent:		Parameter	Frequency	Parameter	Frequency
		TP	Monthly (Apr-Oct)		
		TKN	Monthly (Apr-Oct)		
		NO2+NO3-N	Monthly (Apr-Oct)		

## Water Quality Characteristics Immediately Upstream of Discharge

Parameter	Summer		Winter	
CBODu	2	mg/l		mg/l
NH3-N	0.11	mg/l		mg/l
Temperature	30	°C		°C
pH	7	su		su

## Hydrology at Discharge Location

Drainage Area Qualifier	Drainage Area	sq mi	Method Used to Calculate
Exact	27.45	sq mi	ADEM Estimate w/USGS Gage Data
	Stream 7Q10	4.26 cfs	75% of 7Q10
	Stream 1Q10	3.19 cfs	ADEM Estimate w/USGS Gage Data
	Stream 7Q2	9.93 cfs	ADEM Estimate w/USGS Gage Data
	Annual Average	43.12 cfs	

Comments and/or Notations: The ammonia-nitrogen limit is not toxicity-based.



Alabama Department of Environmental Management  
adem.alabama.gov

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463  
Montgomery, Alabama 36130-1463  
(334) 271-7700 ■ FAX (334) 271-7950

June 6, 2025

**MEMORANDUM**

**TO:** Stephanie Ammons  
Industrial/Municipal Branch

**FROM:** Hayden Willis  
Water Quality Branch

**RE:** Houston County Distribution Center WWTP (AL0072669) – Spring Creek WLA

A wasteload allocation (WLA) was completed for the existing discharge (Outfall 002) from the Houston County Distribution Center Wastewater Treatment Plant (WWTP) to Spring Creek. The Department's Spreadsheet Water Quality Model was utilized to determine the annual effluent limits. The use classification for Spring Creek at the discharge location is Fish and Wildlife (F&W). ADEM Admin Code r. 335-6-10-.09(5)(e)(4.)(i) states the following in regard to the dissolved oxygen (DO) criteria for the F&W use classification: "For a diversified warm water biota, including game fish, daily dissolved oxygen concentrations shall not be less than 5 mg/L at all times." The following annual effluent limits are expected to be protective of water quality and maintain instream DO concentrations above 5 mg/L:

**Houston County Distribution Center WWTP ( $Q_w = 0.02$  MGD)**

Parameter	Annual Effluent Limit (mg/L)
CBOD <sub>5</sub>	25
NH <sub>3</sub> -N	10*
Minimum DO	6

\*Ammonia-nitrogen (NH<sub>3</sub>-N) limit is not toxicity-based.

Spring Creek at the Houston County Distribution Center WWTP discharge location is a Tier 1 waterbody within the Chipola River Basin.

HAW: haw



**Birmingham Office**  
110 Vulcan Road  
Birmingham, AL 35209-4702  
(205) 942-6168  
(205) 941-1603 (FAX)

**Decatur Office**  
2715 Sandlin Road, S.W.  
Decatur, AL 35603-1333  
(256) 353-1713  
(256) 340-9359 (FAX)

**Coastal Office**  
1615 South Broad Street  
Mobile, AL 36605  
(251) 450-3400  
(251) 479-2593 (FAX)





December 17, 2024

Ms. Stephanie Ammons  
Alabama Department of Environmental Management  
Water Division/ Municipal Section  
1400 Coliseum Boulevard  
Montgomery, AL 36110-2400

Re: Houston County Distribution Center  
Cottonwood, Houston County, Alabama  
NPDES Permit #AL0072669

Dear Stephanie:

The Houston County Commission would like to renew the NPDES Permit for the Houston County Distribution Center. ADEM Form 188 and EPA Forms 2A and 2S are enclosed. The County is sending a check for the Permit Fee under separate cover.

If you require any additional information, please contact me at any time.

Sincerely,

POLYENGINEERING, INC.

A handwritten signature in blue ink, appearing to read "D. Lyn Buntin", is written over a horizontal line. The signature is stylized with large, sweeping loops.

D. Lyn Buntin

DLB/kj

Enclosures: As Stated

cc: Project File 74-173

**RECEIVED**

DEC 18 2024

**IND/MUN BRANCH  
WATER DIVISION**



EXIT FORM

## NPDES Individual Permit - Modification/Reissuance - Municipal (Form 188)

**Submission** HQ8-KNAH-PM1XS   **Revision** 1   **Form Version** 1.11

Calculated Fee

Computed at Payment

### Review

**This step allows you to review the information entered on the form.**

**Please review all information to ensure this form is complete and accurate, prior to final certification and submission.**

### GENERAL INSTRUCTIONS

**RECEIVED**

DEC 18 2024

**IND/MUN BRANCH  
WATER DIVISION**



NPDES Individual Permit Modification and Reissuance Form – Publicly-Owned Treatment Works (POTW), Other Treatment Works Treating Domestic Sewage (TWTDS), and Public Water Supply Treatment Plants

IF YOU ARE APPLYING FOR A PERMIT MODIFICATION, PLEASE CONTACT YOUR ASSIGNED PERMIT CONTACT TO DISCUSS THE TYPE OF MODIFICATION YOU SHOULD APPLY FOR BEFORE COMPLETING THIS FORM.

This form should be used to submit the following permit requests for permitted Publicly-Owned Treatment Works (POTW), Other Treatment Works Treating Domestic Sewage (TWTDS), and Public Water Supply Treatment Plants:

- (1) Permit Transfers
- (2) Permittee/Facility Name Changes
- (3) Minor Modifications

This modification may not be used for changes that would result in changes to permit conditions

- (4) Major Modifications (No Effluent Limit Change)
- (5) Major Modifications (Effluent Limit Change)
- (6) Reissuances

Reissuance of a permit due to approaching expiration

Revocation and Reissuance of permit prior to its scheduled expiration

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

#### Applicable Fees:

Permit Transfers and/or Permittee/Facility Name Changes

\$800

Minor Modifications

\$800

Major Modifications (No Effluent Limit Change)

\$3,140 (Major Sources)

\$2,250 (Minor Sources or Public Water Supply Treatment Plants)

Major Modifications (Effluent Limit Change)


\$7,060 (Major Sources)

\$4,290 (Minor Sources or Public Water Supply Treatment Plants)

Reissuances

\$7,060 (Major Sources)

\$4,290 (Minor Sources or Public Water Supply Treatment Plants)

For assistance, please click here to determine the permit engineer responsible for the site or call (334) 271-7810. 

## PROCESSING INFORMATION

### Purpose of Application

Reissuance of Permit Due to Approaching Expiration

**Please indicate if the Permittee is applying for a permit transfer and/or name change in addition to permit modification or reissuance:**

None

**Action Type**

Reissuance

**Briefly describe any planned changes at the facility that are included in this reissuance application:**

No significant changes

**Do you have additional contacts associated with this site?**

No

---

**PERMIT INFORMATION**

---

**Permit Number**

AL0072669

**Current Permittee Name**

Houston County Commission

**Permittee****Permittee Name**

Houston County Commission

**Mailing Address**

Post Office Box 6406

Dothan AL 36302

**Is the Operator the same as the Permittee?**

Yes

**Has the Operator's scope of responsibility changed?**

No

**Responsible Official**



**Prefix First Name Last Name**

Mr. Brandon Shoupe

**Title**

Chairman

**Organization Name**

Houston County Commission

**Phone Type**

Business

**Phone Number**

3346774740

**Ext.**

None Specified

**Email**

bshoupe@houstoncounty.gov

**Mailing Address**

PO Box 6406

Dothan AL 36302

**Existing Permit Contacts**

Affiliation Type	Contact Information	Remove?
DMR Contact	Barkley Kirkland, Houston County Commission	None Specified
Permittee	Houston County Commission	None Specified
Emergency Contact	Jerry Richards, Houston County Commisison	None Specified
Responsible Official,Notification Recipient	Mark Culver, Houston County Commission	Remove

**FACILITY/SITE INFORMATION****Facility/Site Name**

Houston County Distribution Center WWTP

**Organization/Ownership Type**

County Government/Commission

The Facility/Site Address is the physical location of the treatment plant.  
Do not enter a PO Box. Do not enter the address of the office of the  
Permittee if different from the treatment plant.

**Facility/Site Physical Location Address**

South County Road 55

Cottonwood AL 36320

**Facility/Site County**

Houston

**Facility/Site Contact****Prefix First Name Last Name**

Mr. Jerry Richards

**Title**

Operator

**Organization Name**

Houston County Commisison

**Phone Type**

Business

**Phone Number**

3347905133

**Ext.**

None Specified

**Email**

jrichdtn@aol.com

**Note**

Detailed directions should be included if a street address is not available.

**Detailed Directions to the Facility/Site**

From US 231, turn east on County Road 55. Go approximately 1 mile, turn at the light onto McClane Parkway. Go approximately 1/2 mile. WWTP gate is on the right.

Please refer to the link below for Lat/Long map instruction help.

Map Instruction Help 

**Facility/Site Front Gate Latitude and Longitude****Latitude**

31.00361100000000

**Longitude**

-85.38916700000002

**Primary SIC Code**

4952-Sewerage Systems

**Primary NAICS Code**

221320-Sewage Treatment Facilities

**Emergency Contact**



Prefix	First Name	Last Name
Mr.	Jerry	Richards

**Title**  
*None Specified*

Phone Type	Phone Number	Ext.
Business	3347905133	<i>None Specified</i>

**Email**  
jrichdtn@aol.com

**Does the facility have a designated Environmental Contact who is different than the Facility Contact or Emergency Contact listed above?**

No

## ENFORCEMENT HISTORY

---

**Has the applicant been issued any Notices of Violation, Orders (Consent or Administrative/Unilateral), or Judicial Actions (Complaint, Settlement Agreement, Consent Decree, or Court Order) concerning water pollution or other permit violations within the State of Alabama in the past five years?**

No

## WASTEWATER TREATMENT & DISCHARGE INFORMATION

---

**Please indicate which type of operations occur at this facility:**

Treatment Works Treating Domestic Sewage

**What treatment type is used at this facility:**

Mechanical (WWTP)

**What discharge options are used at this facility:**

Surface Water

**What is the Total Design Flow (in millions of gallons per day, MGD) for this facility?**

0.02

**What is the facility's total 2-Year Actual Average Flow (in millions of gallons per day, MGD)?**

0.016033

## Process Flow Schematic

FIG-03.pdf

**Confidential**

No

**Comment**

Flow Diagram attached

**Do you share an outfall with another facility?**

No

**Indicate if automatic sampling equipment or continuous wastewater flow metering equipment is being operated at this facility:**

Current	Yes/No
Continuous Wastewater Flow Metering Equipment	Yes
Automatic Sampling Equipment	No

**Indicate if installation of automatic sampling equipment or continuous wastewater flow metering equipment is planned at this facility:**

Planned	Yes/No
Continuous Wastewater Flow Metering Equipment	N/A
Automatic Sampling Equipment	No

**Schematic Diagram**

FIG-02.pdf

**Confidential**

No

**Comment***None Specified*

**Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)?**

No

**TREATMENT METHODS (TWTDS)**

---



**Treatment Level**

Preliminary Treatment (e.g., grit removal, flow equalization, screening)

Secondary Treatment [e.g., suspended growth biological treatment;  
attached growth and combined biological treatment].

**Wastewater Disinfection Technology Information**

Chlorination

Dechlorination

**Please select all POTW Treatment Categories that apply.**

Activated Sludge Process & Modifications

Chemical Treatment (lime)

Disinfection

Aeration

Clarification

Dechlorination

Media Filter

Nitrogen Removal (Biological)

**Please select all unit operations that apply for Activated Sludge Process & Modifications:**

Activated Sludge, Anaerobic/Anoxic/Oxic

Package Plant (Other)

**Please select all unit operations that apply for Aeration:**

Aeration (general)

Aeration (post-treatment)

**Please select all unit operations that apply for Chemical Treatment (lime):**

Lime Treatment

**Please select all unit operations that apply for Clarification:**

Clarification, Secondary

**Please select all unit operations that apply for Disinfection:**

Disinfection, Chlorination

**Please select all unit operations that apply for Media Filter:**

Filter, Rapid Sand

**Please select all unit operations that apply for Preliminary Treatment:**

Screen, Mechanical Bar

---

**WASTE STORAGE & DISPOSAL INFORMATION**

---

**Any storage of solids or liquids at the facility that have any potential  
for accidental discharge to a water of the state?**

No

## COLLECTION SYSTEM INFORMATION

---

### Collection Systems

Collection System ID	Collection System Name	Owner Type of Collection System	Population of Collection System
<i>None Specified</i>	Houston Co. Industrial Pk.	Publicly owned (Owned by State, municipality, or Tribal government. This includes a district association or other public body created by or pursuant to State law and having jurisdiction over the disposal of sewage).	200

## INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

---

**Does this wastewater treatment system receive or plan to receive industrial source wastewater contributions?**

No

## COASTAL ZONE INFORMATION

---

**Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?**

No

## ANTI-DEGRADATION EVALUATION

---

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity.

**Does this modification/reissuance include a new or increased discharge that began after April 3, 1991?**

No

**Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced above?**

Yes

**Does the facility discharge to a Tier II waterbody as defined in ADEM Code r. 335-6-10-.12(4)?**

No

## EPA APPLICATION FORMS


---



All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls.

The EPA application forms must be submitted as follows:

1. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A. If the facility design capacity is equal to or greater than 1 MGD, Form 2F is also required.
2. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and Form 2F.
3. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 1 and Form 2C.
4. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.

The EPA application forms are found on the Department's website here. 

#### EPA Form 2A

3510-2A.pdf

**Confidential**

No

**Comment**

*None Specified*

#### EPA form 2S

3510-2S.pdf

**Confidential**

No

**Comment**

*None Specified*

#### Other attachments (as needed)

FIG-01.pdf

FIG-02.pdf

FIG-03.pdf

**Confidential**

No

**Comment**

*None Specified*

## ENGINEERING REPORT/BMP PLAN REQUIREMENTS

---

See ADEM 335-6-6-.08(i) & (j).

**Engineering Report/BMP Plan Requirements**

*No files uploaded*

**Comment**

Not Required

## OUTFALLS

---

Each Facility/Site should have at least one (1) Outfall/Discharge Point. Please repeat this section as needed to enter all Outfalls/Discharge Points. To repeat this section, click on the 'Add New Outfall' button at the bottom of this section.

1

Outfall: 002

**Do you want to remove this outfall from the modified/reissued permit?**

No

**Outfall Identifier**

002

**Is this Outfall equipped with a diffuser?**

No

**What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?**

0.016033

**Receiving Water**

Spring Creek



Does the discharge enter the named receiving water via an unnamed tributary?

None Specified

Please refer to the link below for Lat/Long map instruction help.

Map Instruction Help 

### Location of Outfall or Discharge Point/Receiving Water

Latitude	Longitude
30.998890000000000	-85.381390000000000

A list of the 303(d) impaired waters can be found here. 

### 303(d) Segment?

No

A list of waters subject to a TMDL can be found here. 

### TMDL Segment?

No

### NOTE

If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation: (1) Justification for the requested Compliance Schedule (e.g., time for design and installation of control equipment, etc.); (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, and MDL/ML, etc. should be submitted as available); (3) Requested interim limitations, if applicable; (4) Date of final compliance with the TMDL limitations; and (5) Any other additional information available to support the requested compliance schedule.

### TMDL Attachments

No files uploaded

Comment

None Specified

### FEE

Fee

4290

**Note: Additional Fees may be assessed after the review of the application is complete. These fees may include any of the following:**

Modeling with Data Collection (10 Stations) - \$60,390  
Modeling with Data Collection (5 Stations) - \$49,315  
Modeling - desktop - \$4,855  
Review of Model Performed by Others - \$2,705  
Seasonal Limits - \$4,855/additional season  
Biomonitoring & Toxicity Limits - \$1,015

Please contact your area engineer if you have any questions about which additional fees may be assessed for this application.

## APPLICATION PREPARER

If the person preparing this application is different than the person that will be signing/submitting the application and the preparer would like to be included on notifications regarding this application, please provide the application preparer's contact information below.

### Application Preparer

Prefix	First Name	Last Name
Mr.	Lyn	Buntin

**Title**

Principal Environmental Scientist

**Organization Name**

Poly, Inc.

**Phone Type**

Mobile

**Phone Number**

3345967148

**Email**

Lbuntin@poly-inc.com

**Address**

1935 HEADLAND AVE

DOTHAN AL 36303





EXIT FORM

## NPDES Individual Permit - Modification/Reissuance - Municipal (Form 188)

**Submission** HQ8-KNAH-PM1XS   **Revision** 1   **Form Version** 1.11

Calculated Fee

Computed at Payment

### Signing

#### Required Signatures

bshoupe@houstoncounty.gov

CANCEL SIGNING

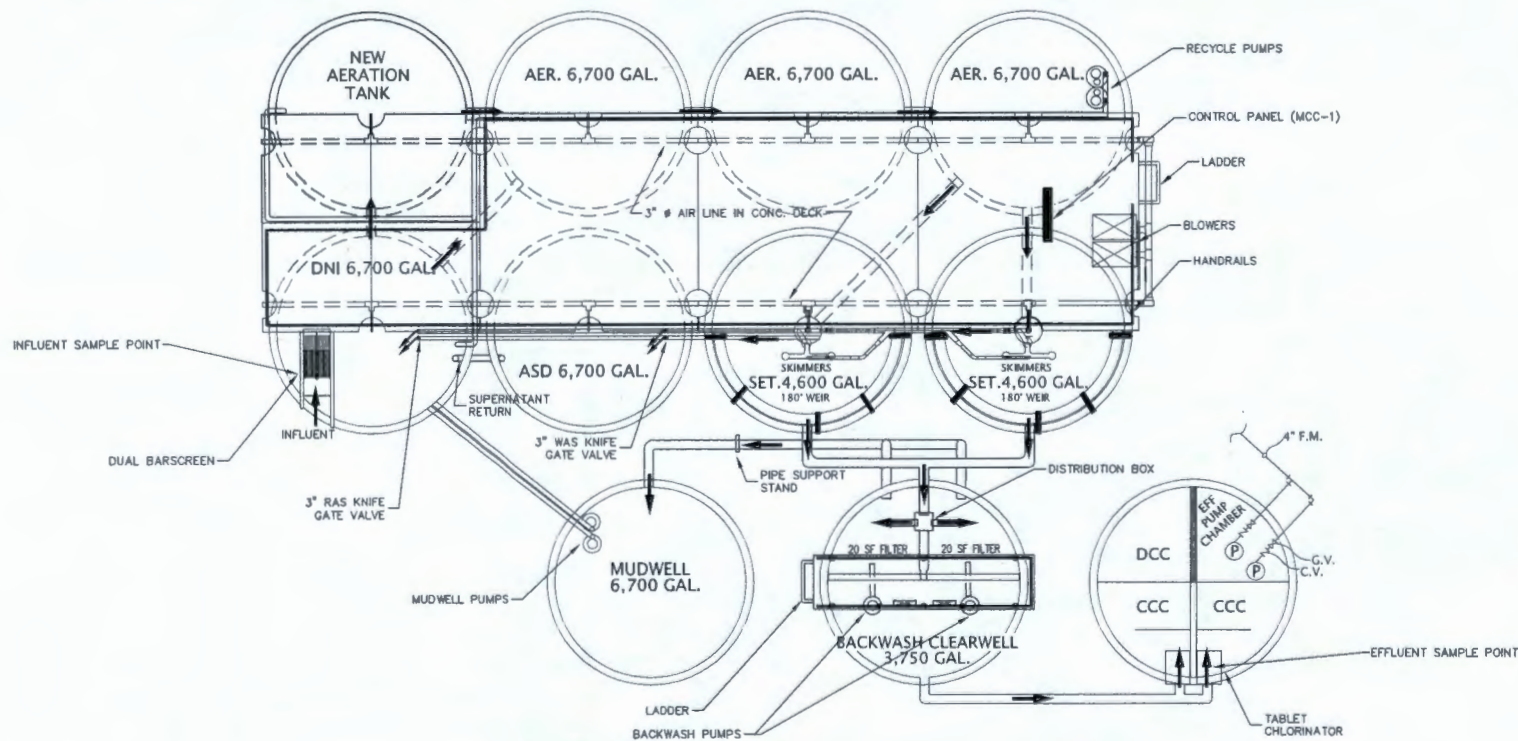
RESCIND INVITE

### What's Next?

The form will be submitted automatically when **all of the above signatures are provided.**

You will receive an email notification any time a user signs, as well as when submission is completed. You can check on the status of your form submission at any time: [View Submission](#)

[VIEW SUBMISSION](#)



PHASE I 20,000 GPD

[illegible][illegible]

**POLY, INC.**  
1500 Foundational Ave. #100  
Cullman, AL 35055  
256-763-4700

1400 Spruill Lane  
Birmingham, AL 35208  
256-966-1100

WWW.POLY-INC.COM

HOUSTON COUNTY DISTRIBUTION PARK  
HOUSTON COUNTY, ALABAMA

WASTEWATER TREATMENT PLAN  
PLANT SCHEMATIC

SHEET No.  
3  
PROJECT No.  
PL-478

RECEIVED

APR 23 2025

MUNICIPAL SECTION



**POLY, INC.**

1635 Peachtree Avenue  
Dorham, AL 36203  
334-793-4700

102 Samuels Lane Shalimar, FL 32579 850-809-1100	117 Gunters Cr., Sta. 416 Birmingham, AL 35209 205-915-0330
--------------------------------------------------------	-------------------------------------------------------------------

[WWW.POLY-INC.COM](http://WWW.POLY-INC.COM)

DESIGNED BY:	DRAWN BY:	DATE:
		APRIL 2025

DATE: APRIL 2025

ENG / ARCH / SURVEYOR OF RECORD: REGISTRATION No.

End of A. Th. 11a	There's something in
-------------------	----------------------

Unit of mass, etc.	$R_L$	$R_A$
kg	1	1
g	0.001	0.001
mg	0.0001	0.0001
g/cm <sup>3</sup>	1000	1000
kg/m <sup>3</sup>	1	1
cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup>	1	1
cm <sup>2</sup>	0.0001	0.0001
m <sup>2</sup>	1	1
cm	0.01	0.01
m	1	1
cm/s	0.01	0.01
m/s	1	1
cm/s <sup>2</sup>	0.0001	0.0001
m/s <sup>2</sup>	1	1
cm <sup>3</sup> /s	0.0001	0.0001
m <sup>3</sup> /s	1	1
cm <sup>3</sup> /m <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /m <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
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m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1
cm <sup>3</sup> /cm	0.0001	0.0001
m <sup>3</sup> /m	1	1
cm <sup>3</sup> /cm <sup>3</sup>	0.0001	0.0001
m <sup>3</sup> /m <sup>3</sup>	1	1
cm <sup>3</sup> /cm <sup>2</sup>	0.01	0.01
m <sup>3</sup> /m <sup>2</sup>	1	1

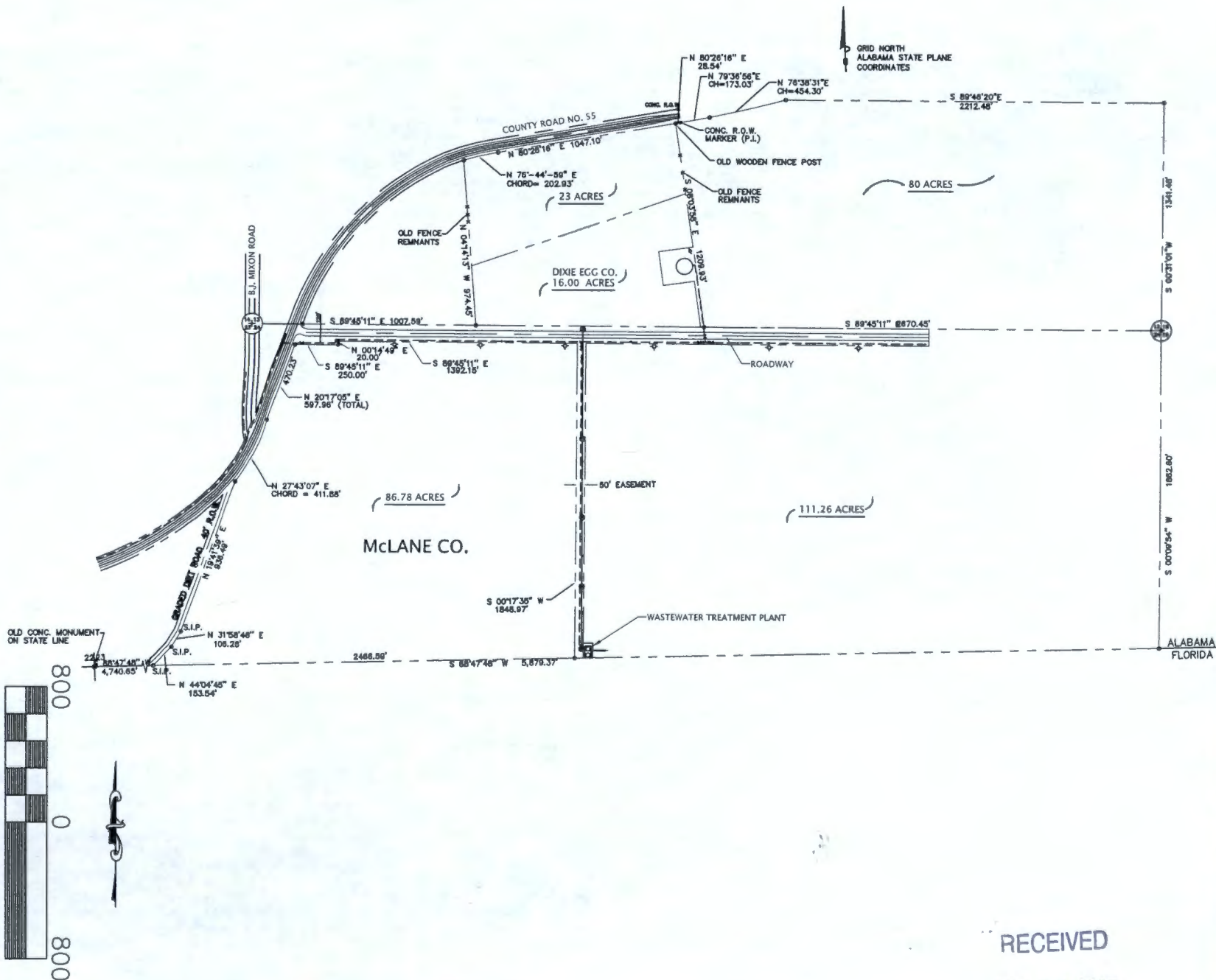
ARCHITECT	CA-0440	AA-C001551	001110
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ENGINEER	CA-7142	CA-1818	001118
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Scale 1" = 800'



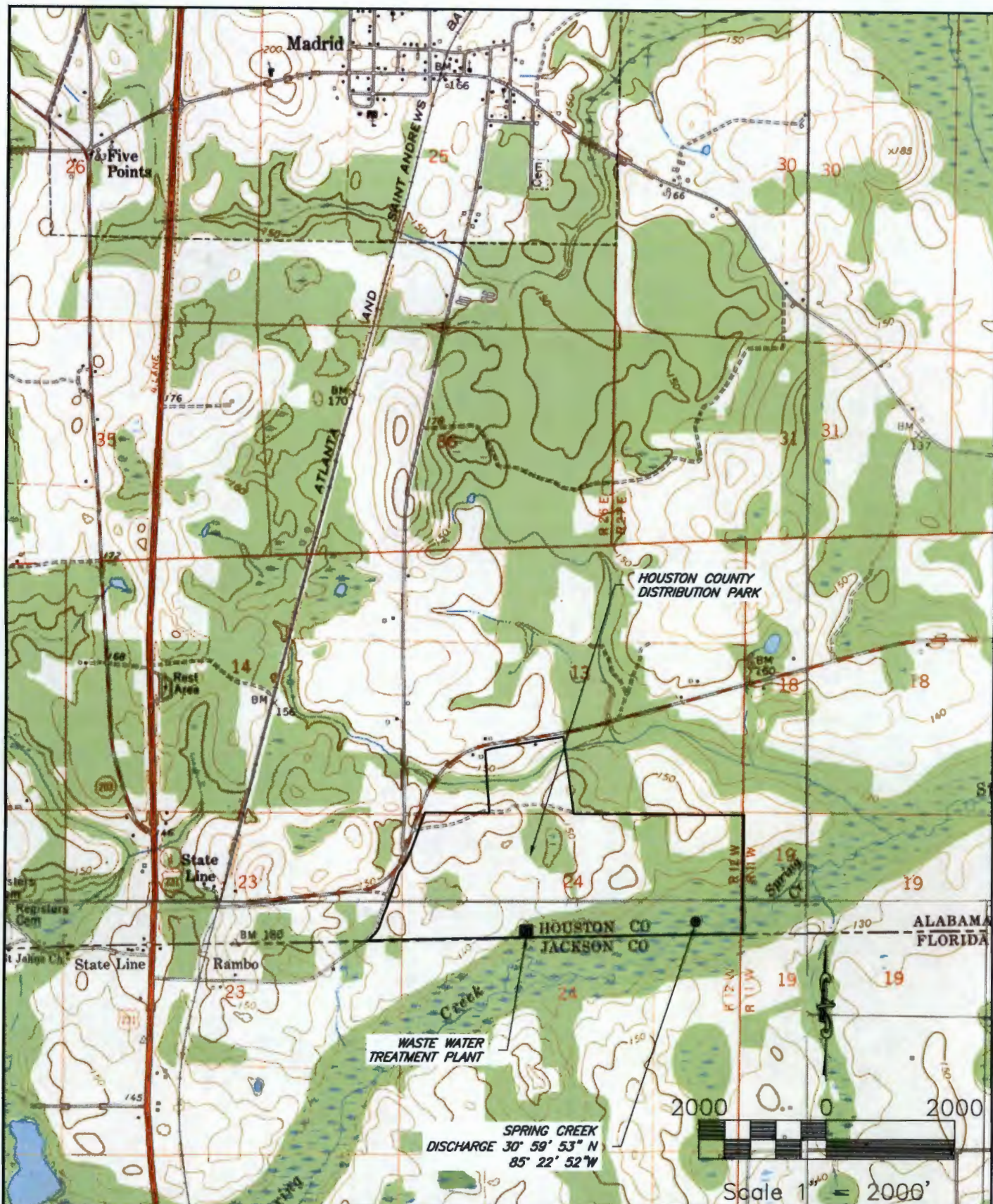
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MUNICIPAL SECTION








<p>SHEET No.</p> <p><b>1</b></p> <p>PROJECT No.</p> <p>74-173</p>	<p>HOUSTON COUNTY DISTRIBUTION PARK HOUSTON COUNTY, ALABAMA</p> <p>SITE VICINITY MAP</p>	<p><b>POLY, INC.</b></p> <p>1095 Headland Avenue Dothan, AL 36303 334-793-4700</p> <p>102 Sunset Lane 117 Gensini Cir., Ste. 418 Shalmer, FL 32579 Birmingham, AL 35209 850-809-1100 205-913-0330</p> <p>WWW.POLY-INC.COM</p>	<table border="1"> <tr> <td>DESIGNED BY:</td> <td>DRAWN BY:</td> <td>DATE:</td> </tr> <tr> <td>ENG / ARCH / SURVEYOR OF RECORD:</td> <td></td> <td>APRIL 2025</td> </tr> <tr> <td colspan="2">REGISTRATION No.</td> <td></td> </tr> <tr> <td colspan="3"> <p>These drawings are copyrighted and the property of Poly-Inc. Any use, partial or full reproduction is prohibited except by written Agreement with Poly-Inc.</p> </td> </tr> </table>	DESIGNED BY:	DRAWN BY:	DATE:	ENG / ARCH / SURVEYOR OF RECORD:		APRIL 2025	REGISTRATION No.			<p>These drawings are copyrighted and the property of Poly-Inc. Any use, partial or full reproduction is prohibited except by written Agreement with Poly-Inc.</p>			<p><b>POLY</b></p> <p>RECEIVED</p>
DESIGNED BY:	DRAWN BY:	DATE:														
ENG / ARCH / SURVEYOR OF RECORD:		APRIL 2025														
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JUN 17 2025

MUNICIPAL SECTION



EPA Identification Number 110010068354		NPDES Permit Number AI0072669		Facility Name Houston county Distributuion Center WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>					
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>							
<b>Facility Information</b>	1.1	Facility name Houston County Distribution Center WWTP					
		Mailing address (street or P.O. box) P.O. Box 6406					
		City or town Dothan			State ALabama		ZIP code 36302
		Contact name (first and last) Barkley Kirkland		Title County Engineer		Phone number (334) 792-4140	Email address sbkirkland@houstoncounty.or
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address South County Road 55					
		City or town Cottonwood			State Alabama		ZIP code 36320
		1.2 Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No					
<b>Applicant Information</b>	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.					
		Applicant name Houston County Commission					
		Applicant address (street or P.O. box) P.O. 6406					
		City or town Dothan			State Alabama		ZIP code 36302
		Contact name (first and last)		Title		Phone number	Email address
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both					
1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)						
<b>Existing Environmental Permits</b>	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)					
		<b>Existing Environmental Permits</b>					
		<input type="checkbox"/> NPDES (discharges to surface water) AL0072669		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)	
		<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)	
		<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)	

EPA Identification Number 110010068354		NPDES Permit Number AI0072669		Facility Name Houston county Distributuion Center WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.					
		<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type</b> (indicate percentage)		<b>Ownership Status</b>	
		McLane	200	<u>100</u> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
				<u>    </u> % separate sanitary sewer <u>    </u> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
				<u>    </u> % separate sanitary sewer <u>    </u> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
				<u>    </u> % separate sanitary sewer <u>    </u> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
				<u>    </u> % separate sanitary sewer <u>    </u> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
				<u>    </u> % separate sanitary sewer <u>    </u> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
		<b>Total Population Served</b>	200				
		Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>	<b>Combined Storm and Sanitary Sewer</b>		
			100 %	%			
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.				<b>Design Flow Rate</b>	
						0.020 mgd	
		<b>Annual Average Flow Rates (Actual)</b>					
		<b>Two Years Ago</b>	<b>Last Year</b>		<b>This Year</b>		
		0.009979 mgd	0.016033 mgd		0.01026 mgd		
		<b>Maximum Daily Flow Rates (Actual)</b>					
		<b>Two Years Ago</b>	<b>Last Year</b>		<b>This Year</b>		
	0.007028 mgd	0.096500 mgd		0.143000 mgd			
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.					
		<b>Total Number of Effluent Discharge Points by Type</b>					
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>	
		1	0	0	0	0	



EPA Identification Number 110010068354	NPDES Permit Number AI0072669	Facility Name Houston county Distributuion Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Outfalls and Other Discharge or Disposal Methods

**Outfalls Other Than to Waters of the United States**

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?  
☐ Yes ☒ No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data		
Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?  
☐ Yes ☒ No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

Land Application Site and Discharge Data			
Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?  
☐ Yes ☒ No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?  
☐ Yes ☐ No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data		
Entity name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	

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<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.			
	<b>Receiving Facility Data</b>				
	Facility name			Mailing address (street or P.O. box)	
	City or town			State	ZIP code
	Contact name (first and last)			Title	
	Phone number			Email address	
	NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate mgd	
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.			
	1.22	Provide information in the table below on these other disposal methods.			
	<b>Information on Other Disposal Methods</b>				
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	

<b>Variance Requests</b>	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)  <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable
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<b>Contractor Information</b>	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 2.		
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.		
	<b>Contractor Information</b>			
		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	Contractor name (company name)	Jerry Richards		
	Mailing address (street or P.O. box)	4049 Wiregrass Drive		
	City, state, and ZIP code	Dothan, Alanama 36320		
	Contact name (first and last)	Jerry Richards		
	Phone number	(334) 790-5133		
	Email address	jrichdtn@AOL.com		
Operational and maintenance responsibilities of contractor	Plant operation			



EPA Identification Number 110010068354	NPDES Permit Number AI0072669	Facility Name Houston county Distributuion Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004																														
<b>SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))</b>																																	
<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>																																
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.																															
<b>Inflow and Infiltration</b>	2.2	<div style="display: flex; justify-content: space-between;"> <div>Provide the treatment works' current average daily volume of inflow and infiltration.</div> <div style="border: 1px solid black; padding: 2px; text-align: center;"><b>Average Daily Volume of Inflow and Infiltration</b></div> </div> <div style="text-align: right; margin-top: -15px;">gpd</div>																															
	Indicate the steps the facility is taking to minimize inflow and infiltration.																																
<b>Topographic Map</b>	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.)  <input type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>Flow Diagram</b>	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.)  <input type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled?  <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.																															
	Briefly list and describe the scheduled improvements.																																
	1.																																
	2.																																
	3.																																
	4.																																
	2.6	Provide scheduled or actual dates of completion for improvements.  <div style="background-color: #f2f2f2; text-align: center; padding: 2px; margin-bottom: 5px;"><b>Scheduled or Actual Dates of Completion for Improvements</b></div> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <th style="width:15%;">Scheduled Improvement (from above)</th> <th style="width:15%;">Affected Outfalls (list outfall number)</th> <th style="width:15%;">Begin Construction (MM/DD/YYYY)</th> <th style="width:15%;">End Construction (MM/DD/YYYY)</th> <th style="width:15%;">Begin Discharge (MM/DD/YYYY)</th> <th style="width:15%;">Attainment of Operational Level (MM/DD/YYYY)</th> </tr> <tr><td>1.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)	1.						2.						3.						4.					
	Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)																											
	1.																																
	2.																																
3.																																	
4.																																	
2.7																																	
Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable																																	
Explanation:																																	

EPA Identification Number 110010068354	NPDES Permit Number AI0072669	Facility Name Houston county Distributuion Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

<b>Description of Outfalls</b>	<b>3.1</b>	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)			
		<b>Outfall Number</b> 001	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	
	State	Alabama			
	County	Houston			
	City or town	Cottonwood			
	Distance from shore	0 ft.	ft.	ft.	
	Depth below surface	0 ft.	ft.	ft.	
	Average daily flow rate	mgd	mgd	mgd	
	Latitude	30° 59' 53" N	° ' "	° ' "	
	Longitude	85° 22' 52" W	° ' "	° ' "	
<b>Seasonal or Periodic Discharge Data</b>	<b>3.2</b>	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.			
	<b>3.3</b>	If so, provide the following information for each applicable outfall.			
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	
	Number of times per year discharge occurs				
	Average duration of each discharge (specify units)				
	Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs					
<b>Diffuser Type</b>	<b>3.4</b>	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.			
	<b>3.5</b>	Briefly describe the diffuser type at each applicable outfall.			
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	
<b>Waters of the U.S.</b>	<b>3.6</b>	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.			



EPA Identification Number 110010068354		NPDES Permit Number AI0072669		Facility Name Houston county Distributuion Center WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.					
		Outfall Number 001		Outfall Number _____		Outfall Number _____	
	Receiving water name	Spring Creek					
	Name of watershed, river, or stream system	N/A					
	U.S. Soil Conservation Service 14-digit watershed code	N/A					
	Name of state management/river basin	N/A					
	U.S. Geological Survey 8-digit hydrologic cataloging unit code						
	Critical low flow (acute)	N/A cfs		cfs		cfs	
	Critical low flow (chronic)	N/A cfs		cfs		cfs	
	Total hardness at critical low flow	N/A mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
		Outfall Number 001		Outfall Number _____		Outfall Number _____	
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	
	Design Removal Rates by Outfall	001					
	BOD <sub>5</sub> or CBOD <sub>5</sub>	85 %		%		%	
	TSS	85 %		%		%	
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %	
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %	
	Other (specify)	<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %	

EPA Identification Number 110010068354	NPDES Permit Number AI0072669	Facility Name Houston county Distributuion Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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<b>Treatment Description Continued</b>	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.					
		Outfall Number <u>001</u>	Outfall Number _____		Outfall Number _____		
	Disinfection type	Chlorination					
	Seasons used	All					
	Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Effluent Testing Data</b>	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>					
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Item 3.13.</span>					
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
		Outfall Number _____	Outfall Number _____		Outfall Number _____		
		Acute	Chronic	Acute	Chronic	Acute	Chronic
	Number of tests of discharge water						
	Number of tests of receiving water						
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Item 3.16.</span>					
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <span style="margin-left: 100px;"><input type="checkbox"/> No → Complete Table B, omitting chlorine.</span>					
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>					
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>The facility has a design flow greater than or equal to 1 mgd.</li> <li>The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li> </ul> <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 4.</span>						
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>						
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No additional sampling required by NPDES permitting authority.</span>						



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Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.</span>					
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.</span>					
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 40%;">Date(s) Submitted (MM/DD/YYYY)</th> <th>Summary of Results</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results					
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>					
	3.23	Describe the cause(s) of the toxicity: <div style="height: 40px;"></div>					
	3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>					
	3.25	Provide details of any toxicity reduction evaluations conducted. <div style="height: 40px;"></div>					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.</span>						
SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))							
Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.7.</span>					
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Number of SIUs</th> <th>Number of NSCIUs</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs					
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No</span>					
	4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.6.</span>					
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7. <div style="height: 30px;"></div>						
4.6	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>						

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<b>Industrial Discharges and Hazardous Wastes Continued</b>	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.9.</span>			
	4.8	If yes, provide the following information:			
	<b>Hazardous Waste Number</b>	<b>Waste Transport Method (check all that apply)</b>		<b>Annual Amount of Waste Received</b>	<b>Units</b>
		<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____		
		<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____		
		<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____		
	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 5.</span>			
	4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <span style="margin-left: 100px;"><input type="checkbox"/> No</span>			
	4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>			
<b>SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))</b>					
<b>CSO Map and Diagram</b>	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 6.</span>			
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>			
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>			



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CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	City or town						
	State and ZIP code						
	County						
	Latitude	° ' "		° ' "		° ' "	
	Longitude	° ' "		° ' "		° ' "	
	Distance from shore	ft.		ft.		ft.	
	Depth below surface	ft.		ft.		ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	Number of CSO events in the past year	events		events		events	
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	
	Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

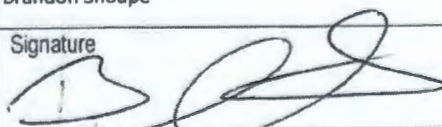
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<b>CSO Receiving Waters</b>	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Receiving water name			
	Name of watershed/ stream system			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

<b>SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))</b>			
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<b>Checklist and Certification Statement</b>	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		<b>Column 1</b>	<b>Column 2</b>
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	6.2	<b>Certification Statement</b>  <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
		Name (print or type first and last name) Brandon Shoupe	Official title Chairman
	Signature 	Date signed	

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD <sub>5</sub> or <input checked="" type="checkbox"/> CBOD <sub>5</sub> (report one)	13.10	mg/l	0.85	mg/l	68	SM5210B	2 mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<del>Residual Chlorine</del> E. coli	513	MPN	16.4	MPN	68	Colilert/SM922B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.020	MGD	0.020	MGD			
pH (minimum)	6.1	s.u.					
pH (maximum)	7.5	s.u.					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	31.4	mg/l	2.60	mg/l		SM2540D	2 mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

## **Sludge Disposal**

### **Houston County Distribution Park WWTP**


Waste Sludge from the WWTP is hauled to Ommusse WWTP in Dothan Alabama. The sludge is dewatered at the Ommusse plant and subsequently transferred to Sprijnghill Regional Landfill for ultimate disposal. Supporting analytical data is included in the permit package.

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EPA Identification Number 110010068354		NPDES Permit Number AL0072669		Facility Name Houston County Distribution Center WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2S NPDES				<b>U.S Environmental Protection Agency</b> <b>Application for NPDES Permit for Sewage Sludge Management</b> <b>NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE</b>			
<b>PRELIMINARY INFORMATION</b>							
Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?							
<input checked="" type="checkbox"/> Yes → Complete Part 2 of application package (begins p. 7). <input type="checkbox"/> No → Complete Part 1 of application package (below).							
<b>PART 1</b>		<b>LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))</b>					
Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).							
<b>PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))</b>							
<b>Facility Information</b>	<b>1.1</b>	Facility name					
		Mailing address (street or P.O. box)					
		City or town				State	ZIP code
		Contact name (first and last)		Title		Phone number	Email address
		Location address (street, route number, or other specific identifier)					
		<input type="checkbox"/> Same as mailing address					
	<b>1.2</b>	<b>Ownership Status</b>					
		<input type="checkbox"/> Public—federal		<input type="checkbox"/> Public—state		<input type="checkbox"/> Other public (specify) _____	
<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify) _____					
<b>PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))</b>							
<b>Applicant Information</b>	<b>2.1</b>	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).					
	<b>2.2</b>	Applicant name					
		Applicant address (street or P.O. box)					
		City or town				State	ZIP code
		Contact name (first and last)		Title		Phone number	Email address
	<b>2.3</b>	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both					
<b>2.4</b>	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)						
<b>PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))</b>							
<b>Sewage Sludge Amount</b>	<b>3.1</b>	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:					
		<b>Practice</b>					<b>Dry Metric Tons per 365-Day Period</b>
		Amount generated at the facility					
		Amount treated at the facility					
		Amount used (i.e., received from off site) at the facility					
		Amount disposed of at the facility					

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**PART 1, SECTION 4. POLLUTANT CONCENTRATIONS (40 CFR 122.21(c)(2)(ii)(E))**

<b>Pollutant Concentrations</b>	4.1	<p>Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than 4.5 years old.</p> <p><input type="checkbox"/> Check here if you have provided a separate attachment with this information.</p>																																																																																						
	<table border="1"> <thead> <tr> <th>Pollutant</th> <th>Concentration (mg/kg dry weight)</th> <th>Analytical Method</th> <th>Detection Level for Analysis</th> </tr> </thead> <tbody> <tr><td>Arsenic</td><td></td><td></td><td></td></tr> <tr><td>Cadmium</td><td></td><td></td><td></td></tr> <tr><td>Chromium</td><td></td><td></td><td></td></tr> <tr><td>Copper</td><td></td><td></td><td></td></tr> <tr><td>Lead</td><td></td><td></td><td></td></tr> <tr><td>Mercury</td><td></td><td></td><td></td></tr> <tr><td>Molybdenum</td><td></td><td></td><td></td></tr> <tr><td>Nickel</td><td></td><td></td><td></td></tr> <tr><td>Selenium</td><td></td><td></td><td></td></tr> <tr><td>Zinc</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> </tbody> </table>				Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis	Arsenic				Cadmium				Chromium				Copper				Lead				Mercury				Molybdenum				Nickel				Selenium				Zinc				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____			
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**PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))**

<b>Use and Disposal Sites</b>	Provide the following information for each site on which sewage sludge from this facility is used or disposed of.				
	<input type="checkbox"/> Check here if you have provided separate attachments with this information.				
	7.1	Site name or number			
		Mailing address (street or P.O. box)			
		City or town		State	ZIP code
		Contact name (first and last)	Title	Phone number	Email address
		Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
		City or town		State	ZIP code
		County		County code	<input type="checkbox"/> Not available
	7.2	Site type (check all that apply)			
<input type="checkbox"/> Agricultural		<input type="checkbox"/> Lawn or home garden	<input type="checkbox"/> Forest		
<input type="checkbox"/> Surface disposal		<input type="checkbox"/> Public contact	<input type="checkbox"/> Incineration		
<input type="checkbox"/> Reclamation		<input type="checkbox"/> Municipal solid waste landfill	<input type="checkbox"/> Other (describe)		

**PART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

<b>Checklist and Certification Statement</b>	8.1	In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: Facility Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 2: Applicant Information	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 3: Sewage Sludge Amount	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Pollutant Concentrations	<input checked="" type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 5: Treatment Provided at Your Facility	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6: Sewage Sludge Sent to Other Facilities	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 7: Use and Disposal Sites	<input type="checkbox"/> w/ attachments
			<input type="checkbox"/> Section 8: Checklist and Certification Statement



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Checklist and Certification Statement Continued	8.2	<b>Certification Statement</b> <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name) Brandon Shoupe	Official title Commission Chair	Phone number
		Signature		Date signed

**PART 1 APPLICANTS STOP HERE.**

**Submit completed application package to your NPDES permitting authority.**

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<b>PART 2</b>	<b>PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))</b>
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Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.  
Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

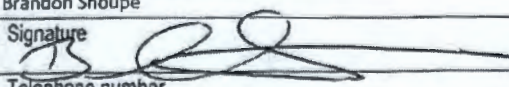
<b>PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1) AND (q)(13))</b>						
<b>General Information</b>	All Part 2 applicants must complete this section.					
	<b>Facility Information</b>					
	1.1 Facility name Houston County Distribution Center WWTP					
	Mailing address (street or P.O. box) P.O. Box 6406					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City or town Dothan</td> <td style="width:17%;">State Alabama</td> <td style="width:17%;">ZIP code 36302</td> <td style="width:33%;">Phone number</td> </tr> </table>	City or town Dothan	State Alabama	ZIP code 36302	Phone number	
	City or town Dothan	State Alabama	ZIP code 36302	Phone number		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Contact name (first and last) Barkley Kirkland</td> <td style="width:17%;">Title County Engineer</td> <td style="width:50%;">Email address sbkirkland@houstoncounty.org</td> </tr> </table>	Contact name (first and last) Barkley Kirkland	Title County Engineer	Email address sbkirkland@houstoncounty.org		
	Contact name (first and last) Barkley Kirkland	Title County Engineer	Email address sbkirkland@houstoncounty.org			
	Location address (street, route number, or other specific identifier) South County 55					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City or town Cottonwood</td> <td style="width:17%;">State Alabama</td> <td style="width:50%;">ZIP code 36320</td> </tr> </table>	City or town Cottonwood	State Alabama	ZIP code 36320		
	City or town Cottonwood	State Alabama	ZIP code 36320			
	1.2 Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	1.3 Facility Design Flow Rate 0.020 million gallons per day (mgd)					
	1.4 Total Population Served 200					
	1.5 Ownership Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>County Government</u> <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
<b>Applicant Information</b>						
1.6 Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).						
1.7 Applicant name Applicant mailing address (street or P.O. box) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City or town</td> <td style="width:17%;">State</td> <td style="width:50%;">ZIP code</td> </tr> <tr> <td style="width:33%;">Contact name (first and last)</td> <td style="width:17%;">Title</td> <td style="width:50%;">Phone number    Email address</td> </tr> </table>	City or town	State	ZIP code	Contact name (first and last)	Title	Phone number    Email address
City or town	State	ZIP code				
Contact name (first and last)	Title	Phone number    Email address				
1.8 Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both						
1.9 To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant <span style="font-size: small;">(they are one and the same)</span>						





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1.17 cont.	Responsibilities of contractor	Contractor 1	Contractor 2	Contractor 3
<b>Pollutant Concentrations</b> Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.				
<input checked="" type="checkbox"/> Check here if you have attached additional sheets to the application package.				
1.18	<b>Pollutant</b>	<b>Average Monthly Concentration (mg/kg dry weight)</b>	<b>Analytical Method</b>	<b>Detection Level</b>
	Arsenic			
	Cadmium			
	Chromium			
	Copper			
	Lead			
	Mercury			
	Molybdenum			
	Nickel			
	Selenium			
	Zinc			
<b>Checklist and Certification Statement</b>				
1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.			
	<b>Column 1</b>	<b>Column 2</b>		
	<input checked="" type="checkbox"/> Section 1 (General Information)	<input type="checkbox"/> w/ attachments		
	<input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)	<input type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)	<input type="checkbox"/> w/ attachments		
	<input checked="" type="checkbox"/> Section 4 (Surface Disposal)	<input checked="" type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 5 (Incineration)	<input type="checkbox"/> w/ attachments		
1.20	<b>Certification Statement</b>  <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>			
	Name (print or type first and last name) Brandon Shoupe		Official title Commission Chairman	
	Signature 		Date signed	
	Telephone number			
Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.				

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MUNICIPAL SECTION











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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

<b>Sale or Give-Away in a Bag or Other Container for Application to the Land</b>																											
2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.																										
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:																										
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.																										
<input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.																											
<b>Shipment Off Site for Treatment or Blending</b>																											
2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.																										
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.		1																								
2.19	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">Name of receiving facility Omussee WWTP</td> </tr> <tr> <td colspan="4">Mailing address (street or P.O. box) PO Box 2128</td> </tr> <tr> <td>City or town Dothan</td> <td>State Alabama</td> <td colspan="2">ZIP code 36302</td> </tr> <tr> <td>Contact name (first and last) Jeff Dykes</td> <td>Title Chief Operator</td> <td>Phone number (334) 726-9635</td> <td>Email address jdykes@dothan.org</td> </tr> <tr> <td colspan="3">Location address (street, route number, or other specific identifier) 457 Jerry Drive</td> <td><input type="checkbox"/> Same as mailing address</td> </tr> <tr> <td>City or town Dothan</td> <td>State Alabama</td> <td colspan="2">ZIP code 36302</td> </tr> </table>			Name of receiving facility Omussee WWTP				Mailing address (street or P.O. box) PO Box 2128				City or town Dothan	State Alabama	ZIP code 36302		Contact name (first and last) Jeff Dykes	Title Chief Operator	Phone number (334) 726-9635	Email address jdykes@dothan.org	Location address (street, route number, or other specific identifier) 457 Jerry Drive			<input type="checkbox"/> Same as mailing address	City or town Dothan	State Alabama	ZIP code 36302	
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Location address (street, route number, or other specific identifier) 457 Jerry Drive			<input type="checkbox"/> Same as mailing address																								
City or town Dothan	State Alabama	ZIP code 36302																									
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:		7																								
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.																										
2.22	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.																										
<b>Pathogen Class and Reduction Alternative</b>		<b>Vector Attraction Reduction Option</b>																									
<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment		<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11																									







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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.36	Site name or number of surface disposal site you do not own or operate		
		Mailing address (street or P.O. box)		
		City or Town	State	ZIP Code
		Contact Name (first and last)	Title	Phone Number
				Email Address
	2.37	Site Contact (Check all that apply.)		
		<input type="checkbox"/> Owner <span style="margin-left: 150px;"><input type="checkbox"/> Operator</span>		
	2.38	Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:		
	<b>Incineration</b>			
	2.39	Is sewage sludge from your facility fired in a sewage sludge incinerator?		
		<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below.</span>		
	2.40	Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:		
	2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?		
		<input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) below. <span style="margin-left: 100px;"><input type="checkbox"/> No</span>		
	2.42	Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.)		
		<input type="checkbox"/> Check here if you have attached additional sheets to the application package.		
	2.43	Incinerator name or number		
		Mailing address (street or P.O. box)		
	City or town	State	ZIP code	
	Contact name (first and last)	Title	Phone number	
			Email address	
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address	
	City or town	State	ZIP code	
2.44	Contact (check all that apply)			
	<input type="checkbox"/> Incinerator owner <span style="margin-left: 150px;"><input type="checkbox"/> Incinerator operator</span>			
2.45	Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:			
<b>Disposal in a Municipal Solid Waste Landfill</b>				
2.46	Is sewage sludge from your facility placed on a municipal solid waste landfill?			
	<input checked="" type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Part 2, Section 3.</span>			
2.47	Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.)			
	<input checked="" type="checkbox"/> Check here if you have attached additional sheets to the application package. <span style="float: right; margin-right: 20px;">1</span>			



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<b>Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge</b> Continued	2.48	Name of landfill SpringHill Regional Landfill								
		Mailing address (street or P.O. box) 4945 Highway 273								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">City or town Campbelton</td> <td style="width: 20%;">State Florida</td> <td style="width: 30%;">ZIP code 32426</td> </tr> </table>	City or town Campbelton	State Florida	ZIP code 32426					
City or town Campbelton	State Florida	ZIP code 32426								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Contact name (first and last) Ms. Domenica Farmer</td> <td style="width: 25%;">Title Area Vice President</td> <td style="width: 25%;">Phone number (713) 512-6200</td> <td style="width: 25%;">Email address dfarmer@wm.com</td> </tr> </table>	Contact name (first and last) Ms. Domenica Farmer	Title Area Vice President	Phone number (713) 512-6200	Email address dfarmer@wm.com				
Contact name (first and last) Ms. Domenica Farmer	Title Area Vice President	Phone number (713) 512-6200	Email address dfarmer@wm.com							
		Location address (street, route number, or other specific identifier) <input checked="" type="checkbox"/> Same as mailing address								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">County</td> <td style="width: 40%;">County code</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Not available</td> </tr> </table>	County	County code	<input type="checkbox"/> Not available					
County	County code	<input type="checkbox"/> Not available								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City or town</td> <td style="width: 40%;">State</td> <td style="width: 20%;">ZIP code</td> </tr> </table>	City or town	State	ZIP code					
City or town	State	ZIP code								
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period: 504								
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Permit Number</th> <th style="width: 70%;">Type of Permit</th> </tr> <tr> <td>0000475-031-SO-01</td> <td>Operations Permit</td> </tr> <tr> <td>00004 75032 SC 01</td> <td>Construction Permit</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Permit Number	Type of Permit	0000475-031-SO-01	Operations Permit	00004 75032 SC 01	Construction Permit		
Permit Number	Type of Permit									
0000475-031-SO-01	Operations Permit									
00004 75032 SC 01	Construction Permit									
	2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input checked="" type="checkbox"/> Check here to indicate you have attached the requested information.								
	2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								

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**PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))**

<b>Land Application of Bulk Sewage Sludge</b>	<b>3.1</b>	Does your facility apply sewage sludge to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4.						
	<b>3.2</b>	Do any of the following conditions apply? <ul style="list-style-type: none"> <li>The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)-(8);</li> <li>The sewage sludge is sold or given away in a bag or other container for application to the land; or</li> <li>You provide the sewage sludge to another facility for treatment or blending.</li> </ul> <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input type="checkbox"/> No						
	<b>3.3</b>	Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.						
	<b>Identification of Land Application Site</b>							
	<b>3.4</b>	Site name or number Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address County County code <input type="checkbox"/> Not available City or town State ZIP code <b>Latitude/Longitude of Land Application Site (see instructions)</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><b>Latitude</b></td> <td style="width:50%; text-align: center;"><b>Longitude</b></td> </tr> <tr> <td style="text-align: center;">" " "</td> <td style="text-align: center;">" " "</td> </tr> </table> <b>Method of Determination</b> <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____			<b>Latitude</b>	<b>Longitude</b>	" " "	" " "
	<b>Latitude</b>	<b>Longitude</b>						
	" " "	" " "						
	<b>3.5</b>	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate you have attached a topographic map for this site.						
	<b>Owner Information</b>							
	<b>3.6</b>	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input type="checkbox"/> No						
	<b>3.7</b>	Owner name Mailing address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address						
	<b>Applier Information</b>							
	<b>3.8</b>	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input type="checkbox"/> No						
	<b>3.9</b>	Applier's name Mailing address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address						



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Land Application of Bulk Sewage Sludge Continued

**Site Type**

3.10 Type of land application:

<input type="checkbox"/> Agricultural land	<input type="checkbox"/> Forest
<input type="checkbox"/> Reclamation site	<input type="checkbox"/> Public contact site
<input type="checkbox"/> Other (describe)	

**Crop or Other Vegetation Grown on Site**

3.11 What type of crop or other vegetation is grown on this site?

3.12 What is the nitrogen requirement for this crop or vegetation?

**Vector Attraction Reduction**

3.13 Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site?

☐ Yes
 ☐ No → SKIP to Item 3.16 (Part 2, Section 3) below.

3.14 Indicate which vector attraction reduction option is met. (Check only one response.)

☐ Option 9 (injection below land surface)
 ☐ Option 10 (incorporation into soil within 6 hours)

3.15 Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.

☐ Check here if you have attached your description to the application package.

**Cumulative Loadings and Remaining Allotments**

3.16 Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)?

☐ Yes
 ☐ No → SKIP to Part 2, Section 4.

3.17 Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?

☐ Yes
 ☐ No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.

3.18 Provide the following information about your NPDES permitting authority:

NPDES permitting authority name	
Contact person	
Telephone number	
Email address	

3.19 Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?

☐ Yes
 ☐ No → SKIP to Part 2, Section 4.

3.20 Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

☐ Check here to indicate that additional pages are attached.

Facility name			
Mailing address (street or P.O. box)			
City or town	State	ZIP code	
Contact name (first and last)	Title	Phone number	Email address

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PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(q)(10))

Surface Disposal	4.1	Do you own or operate a surface disposal site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 5.		
	4.2	Complete all items in Section 4 for each active sewage sludge unit that you own or operate. <input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.		
	Information on Active Sewage Sludge Units			
	4.3	Unit name or number		
		Mailing address (street or P.O. box)		
		City or town	State	ZIP code
		Contact name (first and last)	Title	Phone number      Email address
		Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
		County	County code	<input type="checkbox"/> Not available
		City or town	State	ZIP code
		Latitude/Longitude of Active Sewage Sludge Unit (see instructions)		
		Latitude	Longitude	
		°   '   "	°   '   "	
		Method of Determination		
		<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____		
4.4	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map.			
4.5	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:			
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:			
4.7	Does the active sewage sludge unit have a liner with a maximum permeability of $1 \times 10^{-7}$ centimeters per second (cm/sec)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below.			
4.8	Describe the liner. <input type="checkbox"/> Check here to indicate that you have attached a description to the application package.			
4.9	Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below.			
4.10	Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal. <input type="checkbox"/> Check here to indicate that you have attached the description to the application package.			



EPA Identification Number 110010068354	NPDES Permit Number AL0072669	Facility Name Houston County Distribution Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Surface Disposal Continued

4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below.</span> </div>	
4.12	Provide the actual distance in meters:	meters
4.13	Remaining capacity of active sewage sludge unit in dry metric tons:	dry metric tons
4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):	
4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit. <input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package.	
<b>Sewage Sludge from Other Facilities</b>		
4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility? <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below.</span> </div>	
4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.) <input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package.	
4.18	Facility name <hr/> Mailing address (street or P.O. box) <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City or town</div> <div style="width: 15%;">State</div> <div style="width: 40%;">ZIP code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Contact name (first and last)</div> <div style="width: 20%;">Title</div> <div style="width: 20%;">Phone number</div> <div style="width: 30%;">Email address</div> </div>	
4.19	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.	
	<b>Pathogen Class and Reduction Alternative</b>	<b>Vector Attraction Reduction Option</b>
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11
4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)	
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____

EPA Identification Number 110010068354		NPDES Permit Number AL0072669	Facility Name Houston County Distribution Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Surface Disposal Continued	<b>Vector Attraction Reduction</b>			
	4.21	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?		
		<input type="checkbox"/> Option 9 (Injection below and surface)	<input type="checkbox"/> Option 11 (Covering active sewage sludge unit daily)	
		<input type="checkbox"/> Option 10 (Incorporation into soil within 6 hours)	<input type="checkbox"/> None	
	4.22	Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.		
		<input type="checkbox"/> Check here if you have attached your description to the application package.		
	<b>Groundwater Monitoring</b>			
	4.23	Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.26 (Part 2, Section 4) below.	
	4.24	Provide a copy of available groundwater monitoring data.		
		<input type="checkbox"/> Check here to indicate you have attached the monitoring data.		
	4.25	Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.		
		<input type="checkbox"/> Check here if you have attached your description to the application package.		
	4.26	Has a groundwater monitoring program been prepared for this active sewage sludge unit?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.28 (Part 2, Section 4) below.		
4.27	Submit a copy of the groundwater monitoring program with this permit application.			
	<input type="checkbox"/> Check here to indicate you have attached the monitoring program.			
4.28	Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.30 (Part 2, Section 4) below.		
4.29	Submit a copy of the certification with this permit application.			
	<input type="checkbox"/> Check here to indicate you have attached the certification to the application package.			
<b>Site-Specific Limits</b>				
4.30	Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Part 2, Section 5.		
4.31	Submit information to support the request for site-specific pollutant limits with this application.			
	<input type="checkbox"/> Check here to indicate you have attached the requested information.			



EPA Identification Number 110010068354	NPDES Permit Number AL0072669	Facility Name Houston County Distribution Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11))

Incineration	Incinerator Information		
	5.1	Do you fire sewage sludge in a sewage sludge incinerator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to END.	
	5.2	Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.) <input type="checkbox"/> Check here to indicate that you have attached information for one or more incinerators.	
	5.3	Incinerator name or number	
		Location address (street, route number, or other specific identifier)	
		County	County code <input type="checkbox"/> Not available
		City or town	State ZIP code
		Latitude/Longitude of Incinerator (see instructions)	
		Latitude	Longitude
		" " "	" " "
		Method of Determination	
		<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____	
	Amount Fired		
	5.4	Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:	
	Beryllium NESHAP		
	5.5	Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. <input type="checkbox"/> Check here to indicate that you have attached this material to the application package.	
	5.6	Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8 (Part 2, Section 5) below.	
	5.7	Submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	Mercury NESHAP		
	5.8	Is compliance with the mercury NESHAP being demonstrated via stack testing? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.11 (Part 2, Section 5) below.	
5.9	Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information.		
5.10	Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. <input type="checkbox"/> Check here to indicate that you have attached this information.		
5.11	Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.13 (Part 2, Section 5) below.		
5.12	Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information.		







EPA Identification Number 110010068354	NPDES Permit Number AL0072669	Facility Name Houston County Distribution Center WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Incineration Continued	<b>Performance Test Operating Parameters</b>		
	5.29	Maximum performance test combustion temperature:	
	5.30	Performance test sewage sludge feed rate, in dry metric tons/day	
	5.31	Indicate whether value submitted in Item 5.30 is (check only one response):	
		<input type="checkbox"/> Average use	<input type="checkbox"/> Maximum design
	5.32	Attach supporting documents describing how the feed rate was calculated.	
		<input type="checkbox"/> Check here to indicate that you have attached this information.	
	5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.	
		<input type="checkbox"/> Check here to indicate that you have attached this information.	
	<b>Monitoring Equipment</b>		
	5.34	List the equipment in place to monitor the listed parameters.	
		<b>Parameter</b>	<b>Equipment in Place for Monitoring</b>
		Total hydrocarbons or carbon monoxide	
		Percent oxygen	
		Percent moisture	
	Combustion temperature		
	Other (describe)		
<b>Air Pollution Control Equipment</b>			
5.35	List all air pollution control equipment used with this sewage sludge incinerator.		
	<input type="checkbox"/> Check here if you have attached the list to the application package for the noted incinerator.		

### END of PART 2

Submit completed application package to your NPDES permitting authority.



PO Box 837  
Dothan, AL 36302  
Phone: (334) 793-4700  
Hours: Mon - Thu 7 - 5  
Fri 7 - 12

## Certificate of Analysis

Dothan Utilities  
200 Kilgore Dr  
Water/Electric Complex  
Dothan, AL 36301

Project Omussee Pressed Sludge  
Date Received 6/6/2023  
Date Approved 6/26/2023  
Date Reported 6/26/2023

**358323-01 Omussee WWTP Pressed Sludge / Composite / Sludge** **Sampled: 06/06/23 10:23**

Test	Result	Units	Method	Qualifiers	Date	Initials
PCB	Complete				06/13/23 0:00	
Asbestos	Complete	Total %			06/13/23 0:00	
Cyanide	Complete	mg/L	4500 CNE-2016		06/13/23 0:00	
Sulfide	Complete		4500S2F-2011		06/13/23 0:00	
TCLP Full	Complete				06/13/23 0:00	

**358323-02 Omussee Sludge Bed 1-2 / Composite / Sludge** **Sampled: 06/06/23 10:25**

Test	Result	Units	Method	Qualifiers	Date	Initials
PCB	Complete				06/13/23 0:00	
Asbestos	Complete	Total %			06/13/23 0:00	
Cyanide	Complete	mg/L	4500 CNE-2016		06/13/23 0:00	
Sulfide	Complete		4500S2F-2011		06/13/23 0:00	
TCLP Full	Complete				06/13/23 0:00	

**358323-03 Omussee Sludge Bed 3-6 / Composite / Sludge** **Sampled: 06/06/23 10:28**

Test	Result	Units	Method	Qualifiers	Date	Initials
PCB	Complete				06/13/23 0:00	
Asbestos	Complete	Total %			06/13/23 0:00	
Cyanide	Complete	mg/L	4500 CNE-2016		06/13/23 0:00	
Sulfide	Complete		4500S2F-2011		06/13/23 0:00	
TCLP Full	Complete				06/13/23 0:00	

TCLP, Reactive Sulfide, Asbestos, Reactive Cyanide, and PCBs performed by Waypoint Analytical.  
LRS Report Number:101072

Full Analytical Report is attached.

Approved By

Lyn Buntin  
Environmental Project Manager

RECEIVED

APR 23 2025

MUNICIPAL SECTION

06/26/2023

Page 1 of 1





**LRS, Inc.**  
*Laboratory Resources and Solutions, Inc.*

P.O. Box 1260  
205 6th Avenue  
Ashville, AL 35953  
(205) 594-1445  
[www.lab-resource.com](http://www.lab-resource.com)

## Analytical Data Report

Polyenvironmental Corp.  
1885 Headland Avenue  
Dothan, Alabama 36303

Project ID: Omussee Creek Pressed Sludge

Laboratory Report Number: 101072

Report Date: Monday, June 26, 2023

Sample(s) from Polyenvironmental Corp were received at the lab on Thursday, June 8, 2023. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures.

**Data Reviewed By:**

*Wayne J. Gaston*

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Wayne Gaston  
Project Manager

Laboratory Resources and Solutions, Inc.

[wgaston@lab-resource.com](mailto:wgaston@lab-resource.com)



2790 Whitten Road, Memphis, TN 38133  
Main 901.213.2400 ° Fax 901.213.2440  
www.waypointanalytical.com

6/19/2023

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL, 36303

Ref: Analytical Testing  
Lab Report Number: 23-159-0096  
Client Project Description: Omussee Creek Pressed Sludge  
Dothan, AL

Dear Ms. Elizabeth Starling:  
Waypoint Analytical, LLC. received sample(s) on 6/8/2023 for the analyses presented in the following report.

The above referenced project has been analyzed per your instructions. The analyses were performed in accordance with the applicable analytical method. Where the laboratory was not responsible for the sampling stage (refer to the chain of custody) results apply to the sample as received.

The analytical data has been validated using standard quality control measures performed as required by the analytical method. Quality Assurance, method validations, instrumentation maintenance and calibration for all parameters (NELAP and non-NELAP) were performed in accordance with guidelines established by the USEPA (including 40 CFR 136 Method Update Rule May 2021) and NELAC unless otherwise indicated. Any parameter for which the laboratory is not officially NELAP accredited is indicated by a '~' symbol. These are not included in the scope because NELAP accreditation is either not available or has not been applied for. Additional certifications may be held/are available for parameters, where NELAP accreditation is not required or applicable. A full list of certifications is available upon request.

Certain parameters (chlorine, pH, dissolved oxygen, sulfite...) are required to be analyzed within 15 minutes of sampling. Usually, but not always, any field parameter analyzed at the laboratory is outside of this holding time. Refer to sample analysis time for confirmation of holding time compliance.

The results are shown on the attached Report of Analysis(s). Results for solid matrices are reported on an as-received basis unless otherwise indicated. This report shall not be reproduced except in full and relates only to the samples included in this report.

Please do not hesitate to contact me or client services if you have any questions or need additional information.

Sincerely,

Kim S Storey

*Laboratory's liability in any claim relating to analyses performed shall be limited to, at laboratory's option, repeating the analysis in question at laboratory's expense, or the refund of the charges paid for performance of said analysis.*





## Certification Summary

**Laboratory ID: WP MTN: Waypoint Analytical, LLC., Memphis, TN**

State	Program	Lab ID	Expiration Date
Alabama	State Program	40750	02/29/2024
Arkansas	State Program	88-0650	02/07/2024
California	State Program	2904	06/30/2023
Florida	State Program - NELAP	E871157	06/30/2023
Georgia	State Program	C044	11/14/2025
Georgia	State Program	04015	06/30/2023
Illinois	State Program - NELAP	200078	10/10/2023
Kentucky	State Program	80215	06/30/2023
Kentucky	State Program	KY90047	12/31/2023
Louisiana	State Program - NELAP	LA037	12/31/2023
Louisiana	State Program - NELAP	04015	06/30/2023
Mississippi	State Program	MS	11/14/2025
North Carolina	State Program	47701	07/31/2023
North Carolina	State Program	415	12/31/2023
Pennsylvania	State Program - NELAP	68-03195	05/31/2024
South Carolina	State Program	84002	06/30/2023
Tennessee	State Program	02027	11/14/2025
Texas	State Program - NELAP	T104704180	09/30/2023
Virginia	State Program	00106	06/30/2023
Virginia	State Program - NELAP	460181	09/14/2023



2790 Whitten Road, Memphis, TN 38133  
Main 901.213.2400 • Fax 901.213.2440  
[www.waypointanalytical.com](http://www.waypointanalytical.com)

**Sample Summary Table**

**Report Number:** 23-159-0096  
**Client Project Description:** Omussee Creek Pressed Sludge  
Dothan, AL

Lab No	Client Sample ID	Matrix	Date Collected	Date Received
84799	358323-1	Solid	06/06/2023 10:23	06/08/2023
84800	358323-1	Solids	06/06/2023 10:23	06/08/2023
84801	358323-2	Solid	06/06/2023 10:25	06/08/2023
84802	358323-2	Solids	06/06/2023 10:25	06/08/2023
84803	358323-3	Solid	06/06/2023 10:28	06/08/2023
84804	358323-3	Solids	06/06/2023 10:28	06/08/2023
85081	358323-1	Solids	06/06/2023 10:23	06/08/2023
85082	358323-2	Solids	06/06/2023 10:25	06/08/2023
85083	358323-3	Solids	06/06/2023 10:28	06/08/2023



Client: Polyenvironmental Corp.  
Project: Omussee Creek Pressed Sludge  
Lab Report Number: 23-159-0096  
Date: 6/19/2023

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**CASE NARRATIVE**

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**High Temp/Pressure Extraction for PCB's Method 3546**

Sample 84800 (358323-1)

QC Batch No: L686994/L686994

The weight/volume extracted was reduced during the extraction procedure due to the nature of the sample.  
Reporting limits are factored for the sample size reduction.

Sample 84802 (358323-2)

QC Batch No: L686994/L686994

The weight/volume extracted was reduced during the extraction procedure due to the nature of the sample.  
Reporting limits are factored for the sample size reduction.

**Polychlorinated Biphenyls (PCB's) Method 8082A**

Sample 84800 (358323-1)

QC Batch No: L687392

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84802 (358323-2)

QC Batch No: L687392

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84804 (358323-3)

QC Batch No: L687392

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84550

QC Batch No: L687392/L686994

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84800 (358323-1)

Analyte: Tetrachloro-m-xylene

QC Batch No: L687392/L686994

Surrogate recovery(s) was flagged as outside QC limits due to high levels of target and/or non-target analytes.  
Batch QC samples (method blank and laboratory control samples) all showed surrogates within QC limits.

**Semivolatile Organic Compounds - GC/MS (TCLP) Method 8270D**

Sample 84803 (358323-3)

QC Batch No: L687718/L687606

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

**Dry Weight Determination Method SW-DRYWT**

Analyte: Moisture

QC Batch No: L687713

Relative Percent Difference (RPD) for the duplicate analysis was outside of the allowable QC limits.

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84799

Matrix: Solid

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 1311

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Metals Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP VOC ZHE Extraction	Leachate			1	06/12/23 13:00	ALM	L687150
TCLP SVOC Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Pesticide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Herbicide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151

Analytical Method: 6010D

Prep Batch(es): L687310 06/13/23 09:47

Prep Method: 3015A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Arsenic	<0.250	mg/L	0.250	1	06/13/23 16:34	TJS	L687450
TCLP Barium	<0.250	mg/L	0.250	1	06/13/23 16:34	TJS	L687450
TCLP Cadmium	<0.0500	mg/L	0.0500	1	06/13/23 16:34	TJS	L687450
TCLP Chromium	<0.100	mg/L	0.100	1	06/13/23 16:34	TJS	L687450
TCLP Lead	<0.100	mg/L	0.100	1	06/13/23 16:34	TJS	L687450
TCLP Selenium	<0.500	mg/L	0.500	1	06/13/23 16:34	TJS	L687450
TCLP Silver	<0.0500	mg/L	0.0500	1	06/13/23 16:34	TJS	L687450

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor



30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84799

Matrix: Solid

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 7470A

Prep Batch(es): L687498 06/14/23 08:35

Prep Method: 7470A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Mercury	<0.0200	mg/L	0.0200	1	06/14/23 14:00	FDS	L687654

Analytical Method: 8081B

Prep Batch(es): L687655 06/14/23 14:00

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Chlordane	<0.008000	mg/L	0.008000	10	06/14/23 23:55	VIC	L688093
TCLP Endrin	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP gamma-BHC	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Heptachlor	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Heptachlor Epoxide	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Methoxychlor	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Toxaphene	<0.01200	mg/L	0.01200	10	06/14/23 23:55	VIC	L688093
Surrogate: Decachlorobiphenyl	87.71		Limits: 36-116%	10	06/14/23 23:55	VIC	L688093
Surrogate: Tetrachloro-m-xylene	56.13		Limits: 25-123%	10	06/14/23 23:55	VIC	L688093

Analytical Method: 8151A

Prep Batch(es): L687728 06/14/23 17:00

Prep Method: 8151A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2,4-D	<0.0200	mg/L	0.0200	1	06/16/23 18:43	VIC	L688419
TCLP 2,4,5-TP (Silvex)	<0.0020	mg/L	0.0020	1	06/16/23 18:43	VIC	L688419
Surrogate: DCAA	69.20		Limits: 20-120%	1	06/16/23 18:43	VIC	L688419

Qualifiers/  
Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84799

Matrix: Solid

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 8260B

Prep Batch(es): L687679 06/14/23 09:30

Prep Method: 5030B

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Benzene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Carbon Tetrachloride	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Chlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Chloroform	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP 1,4-Dichlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP 1,2-Dichloroethane	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP 1,1-Dichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Methyl Ethyl Ketone (MEK)	<0.200	mg/L	0.200	1	06/14/23 14:14	ELM	L687680
TCLP Tetrachloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Trichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Vinyl Chloride	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
Surrogate: 4-Bromofluorobenzene	94.4		Limits: 71-137%	1	06/14/23 14:14	ELM	L687680
Surrogate: Dibromofluoromethane	86.4		Limits: 70-128%	1	06/14/23 14:14	ELM	L687680
Surrogate: 1,2-Dichloroethane - d4	82.6		Limits: 63-136%	1	06/14/23 14:14	ELM	L687680
Surrogate: Toluene-d8	96.2		Limits: 70-130%	1	06/14/23 14:14	ELM	L687680

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2-Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP 3&4 Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP 2,4-Dinitrotoluene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718

**Qualifiers/** \* Outside QC Limit  
**Definitions** MQL Method Quantitation Limit

DF Dilution Factor



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Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84799

Matrix: Solid

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Hexachlorobenzene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Hexachlorobutadiene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Hexachloroethane	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Nitrobenzene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Pentachlorophenol	<0.0100	mg/L	0.0100	1	06/14/23 20:42	VBW	L687718
TCLP Pyridine	<0.0100	mg/L	0.0100	1	06/14/23 20:42	VBW	L687718
TCLP 2,4,5-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP 2,4,6-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 2,4,6-Tribromophenol	81.0		Limits: 42-102%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 2-Fluorobiphenyl	62.0		Limits: 24-86%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 2-Fluorophenol	31.8		Limits: 13-37%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 4-Terphenyl-d14	61.8		Limits: 30-122%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP Nitrobenzene-d5	67.3		Limits: 25-78%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP Phenol-d6	22.7		Limits: 9-27%	1	06/14/23 20:42	VBW	L687718

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor



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Dothan, AL 36303

Project Omussee Creek Pressed Sludge  
Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84800  
Sample ID : 358323-1

Matrix: Solids  
Sampled: 6/6/2023 10:23

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Moisture	85.5	%		1	06/14/23 17:00	KDO	SW-DRYWT

**Qualifiers/  
Definitions**

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor



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Project Omussee Creek Pressed Sludge  
Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84800  
Sample ID : 358323-1

Matrix: Solids  
Sampled: 6/6/2023 10:23

Analytical Method: 8082A  
Prep Method: 3546

Prep Batch(es): L686994 06/12/23 08:00

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
Aroclor 1016	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1221	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1232	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1242	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1248	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1254	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1260	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Surrogate: Decachlorobiphenyl	103		Limits: 25-125%	10	06/13/23 01:22	VIC	8082A
Surrogate: Tetrachloro-m-xylene	126 *		Limits: 25-125%	10	06/13/23 01:22	VIC	8082A

Qualifiers/  
Definitions

\* MQL Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor

30267

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1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge  
Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84801  
Sample ID : 358323-2

Matrix: Solid  
Sampled: 6/6/2023 10:25

Analytical Method: 1311

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Metals Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP VOC ZHE Extraction	Leachate			1	06/12/23 13:00	ALM	L687150
TCLP SVOC Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Pesticide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Herbicide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151

Analytical Method: 6010D  
Prep Method: 3015A

Prep Batch(es): L687310 06/13/23 09:47

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Arsenic	<0.250	mg/L	0.250	1	06/13/23 16:39	TJS	L687450
TCLP Barium	0.262	mg/L	0.250	1	06/13/23 16:39	TJS	L687450
TCLP Cadmium	<0.0500	mg/L	0.0500	1	06/13/23 16:39	TJS	L687450
TCLP Chromium	<0.100	mg/L	0.100	1	06/13/23 16:39	TJS	L687450
TCLP Lead	0.402	mg/L	0.100	1	06/13/23 16:39	TJS	L687450
TCLP Selenium	<0.500	mg/L	0.500	1	06/13/23 16:39	TJS	L687450
TCLP Silver	<0.0500	mg/L	0.0500	1	06/13/23 16:39	TJS	L687450

### Qualifiers/ Definitions

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor



30267

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Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84801

Matrix: Solid

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Analytical Method: 7470A Prep Batch(es): L687498 06/14/23 08:35  
Prep Method: 7470A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Mercury	<0.0200	mg/L	0.0200	1	06/14/23 14:04	FDS	L687654

Analytical Method: 8081B Prep Batch(es): L687655 06/14/23 14:00  
Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Chlordane	<0.008000	mg/L	0.008000	10	06/15/23 00:22	VIC	L688093
TCLP Endrin	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP gamma-BHC	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Heptachlor	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Heptachlor Epoxide	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Methoxychlor	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Toxaphene	<0.01200	mg/L	0.01200	10	06/15/23 00:22	VIC	L688093
Surrogate: Decachlorobiphenyl	87.42		Limits: 36-116%	10	06/15/23 00:22	VIC	L688093
Surrogate: Tetrachloro-m-xylene	56.13		Limits: 25-123%	10	06/15/23 00:22	VIC	L688093

Analytical Method: 8151A Prep Batch(es): L687728 06/14/23 17:00  
Prep Method: 8151A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2,4-D	<0.0200	mg/L	0.0200	1	06/16/23 19:08	VIC	L688419
TCLP 2,4,5-TP (Silvex)	<0.0020	mg/L	0.0020	1	06/16/23 19:08	VIC	L688419
Surrogate: DCAA	63.20		Limits: 20-120%	1	06/16/23 19:08	VIC	L688419

**Qualifiers/** \* Outside QC Limit  
**Definitions** MQL Method Quantitation Limit

DF Dilution Factor

30267

Polyenvironmental Corp,  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
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*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84801

Matrix: Solid

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Analytical Method: 8260B

Prep Batch(es): L687679 06/14/23 09:30

Prep Method: 5030B

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Benzene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Carbon Tetrachloride	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Chlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Chloroform	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP 1,4-Dichlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP 1,2-Dichloroethane	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP 1,1-Dichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Methyl Ethyl Ketone (MEK)	<0.200	mg/L	0.200	1	06/14/23 14:35	ELM	L687680
TCLP Tetrachloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Trichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Vinyl Chloride	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
Surrogate: 4-Bromofluorobenzene	95.2		Limits: 71-137%	1	06/14/23 14:35	ELM	L687680
Surrogate: Dibromofluoromethane	84.6		Limits: 70-128%	1	06/14/23 14:35	ELM	L687680
Surrogate: 1,2-Dichloroethane - d4	79.8		Limits: 63-136%	1	06/14/23 14:35	ELM	L687680
Surrogate: Toluene-d8	97.4		Limits: 70-130%	1	06/14/23 14:35	ELM	L687680

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2-Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP 3&4 Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP 2,4-Dinitrotoluene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor





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Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
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Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84801

Matrix: Solid

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Hexachlorobenzene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Hexachlorobutadiene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Hexachloroethane	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Nitrobenzene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Pentachlorophenol	<0.0100	mg/L	0.0100	1	06/14/23 21:04	VBW	L687718
TCLP Pyridine	<0.0100	mg/L	0.0100	1	06/14/23 21:04	VBW	L687718
TCLP 2,4,5-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP 2,4,6-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 2,4,6-Tribromophenol	81.3		Limits: 42-102%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 2-Fluorobiphenyl	62.5		Limits: 24-86%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 2-Fluorophenol	29.5		Limits: 13-37%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 4-Terphenyl-d14	63.0		Limits: 30-122%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP Nitrobenzene-d5	66.5		Limits: 25-78%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP Phenol-d6	21.9		Limits: 9-27%	1	06/14/23 21:04	VBW	L687718

**Qualifiers/  
Definitions**

\*

Outside QC Limit

DF

Dilution Factor

MQL

Method Quantitation Limit



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Project Ormussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84802

Matrix: Solids

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Moisture	2.55	%		1	06/14/23 17:00	KDO	SW-DRYWT

**Qualifiers/  
Definitions**

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor



30267

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Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84802

Matrix: Solids

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Analytical Method: 8082A

Prep Batch(es): L686994 06/12/23 08:00

Prep Method: 3546

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
Aroclor 1016	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1221	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1232	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1242	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1248	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1254	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1260	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Surrogate: Decachlorobiphenyl	77.5		Limits: 25-125%	10	06/13/23 01:43	VIC	8082A
Surrogate: Tetrachloro-m-xylene	79.8		Limits: 25-125%	10	06/13/23 01:43	VIC	8082A

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor

30267

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Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84803

Matrix: Solid

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Analytical Method: 1311

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Metals Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP VOC ZHE Extraction	Leachate			1	06/12/23 13:00	ALM	L687150
TCLP SVOC Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Pesticide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Herbicide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151

Analytical Method: 6010D

Prep Batch(es): L687310 06/13/23 09:47

Prep Method: 3015A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Arsenic	<0.250	mg/L	0.250	1	06/13/23 16:44	TJS	L687450
TCLP Barium	<0.250	mg/L	0.250	1	06/13/23 16:44	TJS	L687450
TCLP Cadmium	<0.0500	mg/L	0.0500	1	06/13/23 16:44	TJS	L687450
TCLP Chromium	<0.100	mg/L	0.100	1	06/13/23 16:44	TJS	L687450
TCLP Lead	<0.100	mg/L	0.100	1	06/13/23 16:44	TJS	L687450
TCLP Selenium	<0.500	mg/L	0.500	1	06/13/23 16:44	TJS	L687450
TCLP Silver	<0.0500	mg/L	0.0500	1	06/13/23 16:44	TJS	L687450

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor



30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84803

Matrix: Solid

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Analytical Method: 7470A Prep Batch(es): L687498 06/14/23 08:35

Prep Method: 7470A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Mercury	<0.0200	mg/L	0.0200	1	06/14/23 14:05	FDS	L687654

Analytical Method: 8081B Prep Batch(es): L687655 06/14/23 14:00

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Chlordane	<0.008000	mg/L	0.008000	10	06/15/23 00:50	VIC	L688093
TCLP Endrin	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP gamma-BHC	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Heptachlor	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Heptachlor Epoxide	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Methoxychlor	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Toxaphene	<0.01200	mg/L	0.01200	10	06/15/23 00:50	VIC	L688093
Surrogate: Decachlorobiphenyl	75.75		Limits: 36-116%	10	06/15/23 00:50	VIC	L688093
Surrogate: Tetrachloro-m-xylene	58.21		Limits: 25-123%	10	06/15/23 00:50	VIC	L688093

Analytical Method: 8151A Prep Batch(es): L687728 06/14/23 17:00

Prep Method: 8151A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2,4-D	<0.0200	mg/L	0.0200	1	06/16/23 19:33	VIC	L688419
TCLP 2,4,5-TP (Silvex)	<0.0020	mg/L	0.0020	1	06/16/23 19:33	VIC	L688419
Surrogate: DCAA	30.80		Limits: 20-120%	1	06/16/23 19:33	VIC	L688419

**Qualifiers/** \* Outside QC Limit  
**Definitions** MQL Method Quantitation Limit

DF Dilution Factor

30267

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Ms. Elizabeth Starling  
1885 Headland Avenue  
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Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84803

Matrix: Solid

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Analytical Method: 8260B

Prep Batch(es): L687679 06/14/23 09:30

Prep Method: 5030B

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Benzene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Carbon Tetrachloride	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Chlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Chloroform	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP 1,4-Dichlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP 1,2-Dichloroethane	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP 1,1-Dichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Methyl Ethyl Ketone (MEK)	<0.200	mg/L	0.200	1	06/14/23 14:56	ELM	L687680
TCLP Tetrachloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Trichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Vinyl Chloride	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
Surrogate: 4-Bromofluorobenzene	94.4		Limits: 71-137%	1	06/14/23 14:56	ELM	L687680
Surrogate: Dibromofluoromethane	90.2		Limits: 70-128%	1	06/14/23 14:56	ELM	L687680
Surrogate: 1,2-Dichloroethane - d4	92.0		Limits: 63-136%	1	06/14/23 14:56	ELM	L687680
Surrogate: Toluene-d8	94.8		Limits: 70-130%	1	06/14/23 14:56	ELM	L687680

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2-Methylphenol	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP 3&4 Methylphenol	<b>0.531</b>	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP 2,4-Dinitrotoluene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718

**Qualifiers/** \* Outside QC Limit  
**Definitions** MQL Method Quantitation Limit

DF Dilution Factor



30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84803

Matrix: Solid

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Hexachlorobenzene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Hexachlorobutadiene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Hexachloroethane	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Nitrobenzene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Pentachlorophenol	<0.0500	mg/L	0.0500	5	06/14/23 21:27	VBW	L687718
TCLP Pyridine	<0.0500	mg/L	0.0500	5	06/14/23 21:27	VBW	L687718
TCLP 2,4,5-Trichlorophenol	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP 2,4,6-Trichlorophenol	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 2,4,6-Tribromophenol	90.5		Limits: 42-102%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 2-Fluorobiphenyl	75.8		Limits: 24-86%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 2-Fluorophenol	31.5		Limits: 13-37%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 4-Terphenyl-d14	73.5		Limits: 30-122%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP Nitrobenzene-d5	68.3		Limits: 25-78%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP Phenol-d6	21.4		Limits: 9-27%	5	06/14/23 21:27	VBW	L687718

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor



30267

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Ms. Elizabeth Starling  
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Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84804

Matrix: Solids

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Moisture	21.1	%		1	06/14/23 17:00	KDO	SW-DRYWT

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor





2790 Whitten Road, Memphis, TN 38133  
Main 901.213.2400 • Fax 901.213.2440  
www.waypointanalytical.com

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84804  
Sample ID : 358323-3

Matrix: Solids  
Sampled: 6/6/2023 10:28

Analytical Method: 8082A

Prep Batch(es): L686994 06/12/23 08:00

Prep Method: 3546

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
Aroclor 1016	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1221	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1232	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1242	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1248	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1254	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1260	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Surrogate: Decachlorobiphenyl	83.9		Limits: 25-125%	10	06/13/23 02:05	VIC	8082A
Surrogate: Tetrachloro-m-xylene	58.3		Limits: 25-125%	10	06/13/23 02:05	VIC	8082A

**Qualifiers/  
Definitions**

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 85081

Matrix: Solids

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Cyanide, Reactive	<0.127	mg/Kg	0.127	1	06/12/23 16:30	CNB	SW-7.3.3
Sulfide (Reactivity)	<25.2	mg/Kg	25.2	1	06/14/23 14:00	CNB	SW-7.3.4

**Qualifiers/**  
**Definitions**

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor





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www.waypointanalytical.com

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan , AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 85082

Matrix: Solids

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Cyanide, Reactive	<0.125	mg/Kg	0.125	1	06/12/23 16:30	CNB	SW-7.3.3
Sulfide (Reactivity)	<25.0	mg/Kg	25.0	1	06/14/23 14:00	CNB	SW-7.3.4

**Qualifiers/  
Definitions**

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor



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30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan , AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 85083  
Sample ID : 358323-3

Matrix: Solids  
Sampled: 6/6/2023 10:28

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Cyanide, Reactive	<0.126	mg/Kg	0.126	1	06/12/23 16:30	CNB	SW-7.3.3
Sulfide (Reactivity)	<25.3	mg/Kg	25.3	1	06/14/23 14:00	CNB	SW-7.3.4

Qualifiers/ Definitions	* MQL	Outside QC Limit Method Quantitation Limit	DF	Dilution Factor
----------------------------	----------	-----------------------------------------------	----	-----------------



**Shipment Receipt Form**

Customer Number: **30267**

Customer Name: **Polyenvironmental Corp.**

Report Number: **23-159-0096**

**Shipping Method**

☐ Fed Ex      ☐ US Postal      ☐ Lab      ☐ Other :   
☐ UPS      ☐ Client      ☒ Courier      Thermometer ID: **T135**

Shipping container/cooler uncompromised?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of coolers/boxes received	1		
Custody seals intact on shipping container/cooler?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Present
Custody seals intact on sample bottles?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Present
Chain of Custody (COC) present?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC agrees with sample label(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC properly completed	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Samples in proper containers?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sample containers intact?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sufficient sample volume for indicated test(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
All samples received within holding time?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler temperature in compliance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler/Samples arrived at the laboratory on ice. Samples were considered acceptable as cooling process had begun.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Water - Sample containers properly preserved	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Water - VOA vials free of headspace	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Trip Blanks received with VOAs	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Soil VOA method 5035 – compliance criteria met	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
High concentration container (48 hr)	Low concentration EnCore samplers (48 hr)		
High concentration pre-weighed (methanol -14 d)	Low conc pre-weighed vials (Sod Bis -14 d)		
Special precautions or instructions included?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

Comments:

Signature: **Emily M. Peterson**

Date & Time: **06/08/2023 11:53:39**









# Safety Environmental Laboratories and Consulting, Inc.



## Asbestos Bulk Sample Analysis Report

989 Yeager Pkwy.  
Pelham, AL 35124

Phone: (205) 823-6200  
Fax: (205) 823-9066

Customer: **Laboratory Resources and Solutions, Inc.**  
**P.O. Box 1260**  
**205 6<sup>th</sup> Avenue**  
**Ashville, Alabama 35953**

Telephone: **205-594-1445**

LRS Client Name: **Polyenvironmental Corp.**  
**1885 Headland Avenue**  
**Dothan, Alabama 36303**

Project Number: **None Given**

Project Name: **Omusee Creek Pressed Sludge**

Project Location: **Dothan, AL**

SELCL Project #: **2023-1253**

Sample Receipt Date: 06/08/2023

Sample Analysis Date: 06/09/2023

Sample Report Date: 06/12/2023

**Analysis:** Asbestos Identification in Bulk Materials by Polarized Light Microscopy

**Methods:** EPA – Appendix E to Subpart E of 40 CFR Part 763, EPA Method 600/R-93/116

**Note:** See Attached Notes and Descriptions Sheet for Applicable Abbreviations and Notes

Customer Sample No.	Lab Sample No.	Sub-sample No.	Layer No.	Sample Location / Description	Homo-geneous (yes/no)	Asbestos % and Type	% Non-Asbestos Fibers	% Non-Fibrous Material
358323-1	1	N/A	1	No Sample Description Given Sludge – Dark Gray, Soft	Y	None Detected	Cellulose Fibers Present Synthetic Fibers Present	Present
358323-2	2	N/A	1	No Sample Description Given Sludge – Light Brown/Beige, Granular, Fibrous	N	None Detected	Cellulose Fibers Present Synthetic Fibers Present	Present
358323-3	3	N/A	1	No Sample Description Given Sludge – Gray/Brown, Soft, Fibrous	N	None Detected	Cellulose Fibers Present Synthetic Fibers Present	Present

☒ This report is **FINAL**

☐ This report is **PRELIMINARY** – pending final QC

Template-QMS-012 ver. 1.7

*Carly Glidewell*

*Lacey Satterfield*

*Christy McKee*

Page 1 of 2

**Analyst**

Carly Glidewell – Technical Manager

**Technical Review**

Lacey Satterfield – Laboratory Analyst

**Quality Review**

Christy McKee – Laboratory Director



## Safety Environmental Laboratories and Consulting, Inc.

### Asbestos Bulk Sample Analysis Report

989 Yeager Pkwy.  
Pelham, AL 35124

Phone: (205) 823-6200  
Fax: (205) 823-9066



#### PLM Notes and Descriptions

1. Upper detection limit: 100%. Lower detection limit: <1%.
2. Bulk Samples will be stored for 3 months and will then be disposed of in an approved EPA landfill.
3. Analysis of floor tile or any other resinously bound materials by polarized light microscopy (PLM) using EPA – Appendix E to Subpart E of 40 CFR Part 763, EPA Method 600/R-93/116 may yield false-negative results because of method limitations in separating closely bound fibers from matrix material and in detecting fibers of small length and/or diameter. When analysis of such materials by the EPA PLM Method yields negative results for the presence of asbestos we recommend utilizing alternative methods of identification such as Gravimetry, XRD or AEM.
4. Analysis of vermiculite samples by polarized light microscopy (PLM) using EPA – Appendix E to Subpart E of 40 CFR Part 763, EPA Method 600/R-93/116 may yield false-negative results because of method limitations in separating particulate materials from the vermiculite as well as limitations in detecting fibers of small length and/or diameter. It is recommended that vermiculite samples identified as negative be analyzed further by alternative methods such as the Cincinnati method.
5. Samples are not homogenized by SELC prior to analysis. Distinct material layers within a sample are analyzed and reported separately by SELC. When multiple products are submitted by the customer under one sample number, SELC indicates those distinct products as sub-samples. SELC retains all samples numbers but will designate a sample number to those that are not given a sample number by the customer.
6. Percentages given are based on a visual estimated calibration.
7. Safety Environmental Laboratories and Consulting, Inc. is a NVLAP accredited laboratory, Lab Code: 200873-0 (ISO/IEC Standard 17025:2017 Compliant).
8. All tests were performed under the scope of SELC's NVLAP accreditation, unless indicated otherwise.
9. All samples were tested in the condition received ("Good", unless otherwise noted).
10. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the Federal Government.
11. Analysis performed using a Leica DM750P Polarized Light Microscope.
12. These results only apply to samples tested with customer provided information. Please see attached Chain of Custody.

Template-QMS-012 ver. 1.7

*Carly Glidewell*

**Analyst**

Carly Glidewell – Technical Manager

*Lacey Satterfield*

**Technical Review**

Lacey Satterfield – Laboratory Analyst

*Christy McKee*

**Quality Review**

Christy McKee – Laboratory Director



23-1253

## Billing Information:

Laboratory Resources  
and Solutions, Inc.

P O Box 1260  
205 6th Avenue  
Ashville, Alabama 35953  
(205) 594-1445



## LRS Client Information:

Polyenvironmental Corp.  
1885 Headland Avenue  
Dothan Alabama 36303

"Report to" Contact:

Elizabeth Starling

Analysis/Container/Preservative

Chain of Custody

Page 1 of 1

Laboratory Resources  
and Solutions, Inc.

A Laboratory Service Provider



Laboratory

Safety Environmental  
SELL

Project Name: Omussee Creek Pressed Sludge

City/State collected, Dothan, AL

Collected by: Mixon Bowling

Client Project #:

P O #:

Collected by (signature):

Project Turnaround (Begins on Lab Login Date)

RUSH? Please Notify LRS

- ☐ Same Day (200%)  
☐ Next Day (100%)  
☐ Two Day (50%)  
☐ Three Day (25%)

Date Results Needed:

Standard -  
5-day TAT

Packed on Ice? N Y

Sample Information	Sample ID	Comp/Grab	Matrix	Depth	Date	Time	Number of Containers	TCLP (full)	Reactive Sulfide	Asbestos - PLM - presence/absence only	Reactive Cyanide	PCBs	#	Cond.	Sample Remarks
	358323-1	C	SS		6/6/23	1023	1	X	X	X	X	X	1	G	
	358323-2	C	SS		6/6/23	1025	1	X	X	X	X	X	2		
	358323-3	C	SS		6/6/23	1028	1	X	X	X	X	X	3	↓	

Matrix\*

SS - Soil/Solid GW - Groundwater WW - Wastewater SW - Surface Water DW - Drinking Water SLW - Solid Waste LQW - Liquid Waste  
SOL - Solvent OI - Oil WI - Wipes PW - Process Water OT - Other (Describe) \_\_\_\_\_

pH \_\_\_\_\_ Temp \_\_\_\_\_

Project Remarks:

Rainfall in Inches \_\_\_\_\_ Flow \_\_\_\_\_ Other \_\_\_\_\_

Custody Info	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time	Condition	(Lab use only)
	<i>Elizabeth Starling</i>	6/6/23	1237	<i>Wanda Dorte</i>	June 7, 2023	11:15 AM.		
	<i>Wanda Dorte</i>	6/8/23	1200	<i>Betty Lindsey</i>	6/8/23	12:00 pm		
	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time		
							pH Checked:	NCF:

Client signature implies acceptance of LRS Terms and Conditions, which can be viewed online at [www.lab-resource.com](http://www.lab-resource.com)




[illegible]





PO Box 837  
Dothan, AL 36302  
Phone: (334) 793-4700  
Hours: Mon - Thu 7 - 5  
Fri 7 - 12

## Certificate of Analysis

Dothan Utilities  
200 Kilgore Dr  
Water/Electric Complex  
Dothan, AL 36301

Project Omussee Pressed Sludge  
Date Received 6/6/2023  
Date Approved 6/26/2023  
Date Reported 6/26/2023

358323-01 Omussee WWTP Pressed Sludge / Composite / Sludge						Sampled: 06/06/23 10:23	
Test	Result	Units	Method	Qualifiers	Date	Initials	
PCB	Complete				06/13/23 0:00		
Asbestos	Complete	Total %			06/13/23 0:00		
Cyanide	Complete	mg/L	4500 CNE-2016		06/13/23 0:00		
Sulfide	Complete		4500S2F-2011		06/13/23 0:00		
TCLP Full	Complete				06/13/23 0:00		
358323-02 Omussee Sludge Bed 1-2 / Composite / Sludge						Sampled: 06/06/23 10:25	
Test	Result	Units	Method	Qualifiers	Date	Initials	
PCB	Complete				06/13/23 0:00		
Asbestos	Complete	Total %			06/13/23 0:00		
Cyanide	Complete	mg/L	4500 CNE-2016		06/13/23 0:00		
Sulfide	Complete		4500S2F-2011		06/13/23 0:00		
TCLP Full	Complete				06/13/23 0:00		
358323-03 Omussee Sludge Bed 3-6 / Composite / Sludge						Sampled: 06/06/23 10:28	
Test	Result	Units	Method	Qualifiers	Date	Initials	
PCB	Complete				06/13/23 0:00		
Asbestos	Complete	Total %			06/13/23 0:00		
Cyanide	Complete	mg/L	4500 CNE-2016		06/13/23 0:00		
Sulfide	Complete		4500S2F-2011		06/13/23 0:00		
TCLP Full	Complete				06/13/23 0:00		

TCLP, Reactive Sulfide, Asbestos, Reactive Cyanide, and PCBs performed by Waypoint Analytical.  
LRS Report Number: 101072

Full Analytical Report is attached.

Approved By

Lyn Buntin  
Environmental Project Manager



**LRS, Inc.**  
*Laboratory Resources and Solutions, Inc.*

P.O. Box 1260  
205 6th Avenue  
Ashville, AL 35953  
(205) 594-1445  
[www.lab-resource.com](http://www.lab-resource.com)

## Analytical Data Report

Polyenvironmental Corp.  
1885 Headland Avenue  
Dothan, Alabama 36303

Project ID: Omussee Creek Pressed Sludge

Laboratory Report Number: 101072

Report Date: Monday, June 26, 2023

Sample(s) from Polyenvironmental Corp were received at the lab on Thursday, June 8, 2023. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures.

**Data Reviewed By:**

*Wayne J. Gaston*

---

Wayne Gaston  
Project Manager

Laboratory Resources and Solutions, Inc.

[wgaston@lab-resource.com](mailto:wgaston@lab-resource.com)





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6/19/2023

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL, 36303

Ref: Analytical Testing  
Lab Report Number: 23-159-0096  
Client Project Description: Omussee Creek Pressed Sludge  
Dothan, AL

Dear Ms. Elizabeth Starling:  
Waypoint Analytical, LLC. received sample(s) on 6/8/2023 for the analyses presented in the following report.

The above referenced project has been analyzed per your instructions. The analyses were performed in accordance with the applicable analytical method. Where the laboratory was not responsible for the sampling stage (refer to the chain of custody) results apply to the sample as received.

The analytical data has been validated using standard quality control measures performed as required by the analytical method. Quality Assurance, method validations, instrumentation maintenance and calibration for all parameters (NELAP and non-NELAP) were performed in accordance with guidelines established by the USEPA (including 40 CFR 136 Method Update Rule May 2021) and NELAC unless otherwise indicated. Any parameter for which the laboratory is not officially NELAP accredited is indicated by a '~' symbol. These are not included in the scope because NELAP accreditation is either not available or has not been applied for. Additional certifications may be held/are available for parameters, where NELAP accreditation is not required or applicable. A full list of certifications is available upon request.

Certain parameters (chlorine, pH, dissolved oxygen, sulfite...) are required to be analyzed within 15 minutes of sampling. Usually, but not always, any field parameter analyzed at the laboratory is outside of this holding time. Refer to sample analysis time for confirmation of holding time compliance.

The results are shown on the attached Report of Analysis(s). Results for solid matrices are reported on an as-received basis unless otherwise indicated. This report shall not be reproduced except in full and relates only to the samples included in this report.

Please do not hesitate to contact me or client services if you have any questions or need additional information.

Sincerely,

Kim S Storey

*Laboratory's liability in any claim relating to analyses performed shall be limited to, at laboratory's option, repeating the analysis in question at laboratory's expense, or the refund of the charges paid for performance of said analysis.*



## Certification Summary

**Laboratory ID: WP MTN: Waypoint Analytical, LLC., Memphis, TN**

State	Program	Lab ID	Expiration Date
Alabama	State Program	40750	02/29/2024
Arkansas	State Program	88-0650	02/07/2024
California	State Program	2904	06/30/2023
Florida	State Program - NELAP	E871157	06/30/2023
Georgia	State Program	C044	11/14/2025
Georgia	State Program	04015	06/30/2023
Illinois	State Program - NELAP	200078	10/10/2023
Kentucky	State Program	80215	06/30/2023
Kentucky	State Program	KY90047	12/31/2023
Louisiana	State Program - NELAP	LA037	12/31/2023
Louisiana	State Program - NELAP	04015	06/30/2023
Mississippi	State Program	MS	11/14/2025
North Carolina	State Program	47701	07/31/2023
North Carolina	State Program	415	12/31/2023
Pennsylvania	State Program - NELAP	68-03195	05/31/2024
South Carolina	State Program	84002	06/30/2023
Tennessee	State Program	02027	11/14/2025
Texas	State Program - NELAP	T104704180	09/30/2023
Virginia	State Program	00106	06/30/2023
Virginia	State Program - NELAP	460181	09/14/2023





**Sample Summary Table**

**Report Number:** 23-159-0096  
**Client Project Description:** Omussee Creek Pressed Sludge  
Dothan, AL

Lab No	Client Sample ID	Matrix	Date Collected	Date Received
84799	358323-1	Solid	06/06/2023 10:23	06/08/2023
84800	358323-1	Solids	06/06/2023 10:23	06/08/2023
84801	358323-2	Solid	06/06/2023 10:25	06/08/2023
84802	358323-2	Solids	06/06/2023 10:25	06/08/2023
84803	358323-3	Solid	06/06/2023 10:28	06/08/2023
84804	358323-3	Solids	06/06/2023 10:28	06/08/2023
85081	358323-1	Solids	06/06/2023 10:23	06/08/2023
85082	358323-2	Solids	06/06/2023 10:25	06/08/2023
85083	358323-3	Solids	06/06/2023 10:28	06/08/2023

Client: Polyenvironmental Corp.  
Project: Omussee Creek Pressed Sludge  
Lab Report Number: 23-159-0096  
Date: 6/19/2023

**CASE NARRATIVE**

**High Temp/Pressure Extraction for PCB's Method 3546**

Sample 84800 (358323-1)

QC Batch No: L686994/L686994

The weight/volume extracted was reduced during the extraction procedure due to the nature of the sample.

Reporting limits are factored for the sample size reduction.

Sample 84802 (358323-2)

QC Batch No: L686994/L686994

The weight/volume extracted was reduced during the extraction procedure due to the nature of the sample.

Reporting limits are factored for the sample size reduction.

**Polychlorinated Biphenyls (PCB's) Method 8082A**

Sample 84800 (358323-1)

QC Batch No: L687392

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84802 (358323-2)

QC Batch No: L687392

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84804 (358323-3)

QC Batch No: L687392

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84550

QC Batch No: L687392/L686994

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

Sample 84800 (358323-1)

Analyte: Tetrachloro-m-xylene

QC Batch No: L687392/L686994

Surrogate recovery(s) was flagged as outside QC limits due to high levels of target and/or non-target analytes.

Batch QC samples (method blank and laboratory control samples) all showed surrogates within QC limits.

**Semivolatile Organic Compounds - GC/MS (TCLP) Method 8270D**

Sample 84803 (358323-3)

QC Batch No: L687718/L687606

The sample was diluted due to the nature of the sample matrix. Reporting limits have been adjusted accordingly.

**Dry Weight Determination Method SW-DRYWT**

Analyte: Moisture

QC Batch No: L687713

Relative Percent Difference (RPD) for the duplicate analysis was outside of the allowable QC limits.





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30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge  
Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84799  
Sample ID : 358323-1

Matrix: Solid  
Sampled: 6/6/2023 10:23

Analytical Method: 1311

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Metals Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP VOC ZHE Extraction	Leachate			1	06/12/23 13:00	ALM	L687150
TCLP SVOC Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Pesticide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Herbicide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151

Analytical Method: 6010D  
Prep Method: 3015A

Prep Batch(es): L687310 06/13/23 09:47

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Arsenic	<0.250	mg/L	0.250	1	06/13/23 16:34	TJS	L687450
TCLP Barium	<0.250	mg/L	0.250	1	06/13/23 16:34	TJS	L687450
TCLP Cadmium	<0.0500	mg/L	0.0500	1	06/13/23 16:34	TJS	L687450
TCLP Chromium	<0.100	mg/L	0.100	1	06/13/23 16:34	TJS	L687450
TCLP Lead	<0.100	mg/L	0.100	1	06/13/23 16:34	TJS	L687450
TCLP Selenium	<0.500	mg/L	0.500	1	06/13/23 16:34	TJS	L687450
TCLP Silver	<0.0500	mg/L	0.0500	1	06/13/23 16:34	TJS	L687450

Qualifiers/  
Definitions

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84799

Matrix: Solid

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 7470A

Prep Batch(es): L687498 06/14/23 08:35

Prep Method: 7470A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Mercury	<0.0200	mg/L	0.0200	1	06/14/23 14:00	FDS	L687654

Analytical Method: 8081B

Prep Batch(es): L687655 06/14/23 14:00

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Chlordane	<0.008000	mg/L	0.008000	10	06/14/23 23:55	VIC	L688093
TCLP Endrin	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP gamma-BHC	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Heptachlor	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Heptachlor Epoxide	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Methoxychlor	<0.001600	mg/L	0.001600	10	06/14/23 23:55	VIC	L688093
TCLP Toxaphene	<0.01200	mg/L	0.01200	10	06/14/23 23:55	VIC	L688093
Surrogate: Decachlorobiphenyl	87.71		Limits: 36-116%	10	06/14/23 23:55	VIC	L688093
Surrogate: Tetrachloro-m-xylene	56.13		Limits: 25-123%	10	06/14/23 23:55	VIC	L688093

Analytical Method: 8151A

Prep Batch(es): L687728 06/14/23 17:00

Prep Method: 8151A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2,4-D	<0.0200	mg/L	0.0200	1	06/16/23 18:43	VIC	L688419
TCLP 2,4,5-TP (Silvex)	<0.0020	mg/L	0.0020	1	06/16/23 18:43	VIC	L688419
Surrogate: DCAA	69.20		Limits: 20-120%	1	06/16/23 18:43	VIC	L688419

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor



30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84799

Matrix: Solid

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 8260B

Prep Batch(es): L687679 06/14/23 09:30

Prep Method: 5030B

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Benzene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Carbon Tetrachloride	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Chlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Chloroform	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP 1,4-Dichlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP 1,2-Dichloroethane	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP 1,1-Dichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Methyl Ethyl Ketone (MEK)	<0.200	mg/L	0.200	1	06/14/23 14:14	ELM	L687680
TCLP Tetrachloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Trichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680
TCLP Vinyl Chloride	<0.0100	mg/L	0.0100	1	06/14/23 14:14	ELM	L687680

Surrogate: 4-Bromofluorobenzene	94.4	Limits: 71-137%	1	06/14/23 14:14	ELM	L687680
Surrogate: Dibromofluoromethane	86.4	Limits: 70-128%	1	06/14/23 14:14	ELM	L687680
Surrogate: 1,2-Dichloroethane - d4	82.6	Limits: 63-136%	1	06/14/23 14:14	ELM	L687680
Surrogate: Toluene-d8	96.2	Limits: 70-130%	1	06/14/23 14:14	ELM	L687680

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2-Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP 3&4 Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP 2,4-Dinitrotoluene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718

**Qualifiers/**  
**Definitions**

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84799

Matrix: Solid

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	ML	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Hexachlorobenzene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Hexachlorobutadiene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Hexachloroethane	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Nitrobenzene	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP Pentachlorophenol	<0.0100	mg/L	0.0100	1	06/14/23 20:42	VBW	L687718
TCLP Pyridine	<0.0100	mg/L	0.0100	1	06/14/23 20:42	VBW	L687718
TCLP 2,4,5-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
TCLP 2,4,6-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 2,4,6-Tribromophenol	81.0		Limits: 42-102%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 2-Fluorobiphenyl	62.0		Limits: 24-86%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 2-Fluorophenol	31.8		Limits: 13-37%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP 4-Terphenyl-d14	61.8		Limits: 30-122%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP Nitrobenzene-d5	67.3		Limits: 25-78%	1	06/14/23 20:42	VBW	L687718
Surrogate: TCLP Phenol-d6	22.7		Limits: 9-27%	1	06/14/23 20:42	VBW	L687718

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor





30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84800

Matrix: Solids

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Moisture	85.5	%		1	06/14/23 17:00	KDO	SW-DRYWT

### Qualifiers/ Definitions

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor



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Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84800

Matrix: Solids

Sample ID : 358323-1

Sampled: 6/6/2023 10:23

Analytical Method: 8082A

Prep Batch(es): L686994 06/12/23 08:00

Prep Method: 3546

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
Aroclor 1016	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1221	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1232	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1242	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1248	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1254	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Aroclor 1260	<5480	µg/Kg - dry	5480	10	06/13/23 01:22	VIC	L687392
Surrogate: Decachlorobiphenyl	103		Limits: 25-125%	10	06/13/23 01:22	VIC	8082A
Surrogate: Tetrachloro-m-xylene	126 *		Limits: 25-125%	10	06/13/23 01:22	VIC	8082A

**Qualifiers/  
Definitions**

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor





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Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84801  
Sample ID : 358323-2

Matrix: Solid  
Sampled: 6/6/2023 10:25

Analytical Method: 1311

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Metals Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP VOC ZHE Extraction	Leachate			1	06/12/23 13:00	ALM	L687150
TCLP SVOC Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Pesticide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Herbicide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151

Analytical Method: 6010D  
Prep Method: 3015A

Prep Batch(es): L687310 06/13/23 09:47

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Arsenic	<0.250	mg/L	0.250	1	06/13/23 16:39	TJS	L687450
TCLP Barium	0.262	mg/L	0.250	1	06/13/23 16:39	TJS	L687450
TCLP Cadmium	<0.0500	mg/L	0.0500	1	06/13/23 16:39	TJS	L687450
TCLP Chromium	<0.100	mg/L	0.100	1	06/13/23 16:39	TJS	L687450
TCLP Lead	0.402	mg/L	0.100	1	06/13/23 16:39	TJS	L687450
TCLP Selenium	<0.500	mg/L	0.500	1	06/13/23 16:39	TJS	L687450
TCLP Silver	<0.0500	mg/L	0.0500	1	06/13/23 16:39	TJS	L687450

Qualifiers/  
Definitions

\* MQL Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84801

Matrix: Solid

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Analytical Method: 7470A

Prep Batch(es): L687498 06/14/23 08:35

Prep Method: 7470A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Mercury	<0.0200	mg/L	0.0200	1	06/14/23 14:04	FDS	L687654

Analytical Method: 8081B

Prep Batch(es): L687655 06/14/23 14:00

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Chlordane	<0.008000	mg/L	0.008000	10	06/15/23 00:22	VIC	L688093
TCLP Endrin	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP gamma-BHC	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Heptachlor	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Heptachlor Epoxide	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Methoxychlor	<0.001600	mg/L	0.001600	10	06/15/23 00:22	VIC	L688093
TCLP Toxaphene	<0.01200	mg/L	0.01200	10	06/15/23 00:22	VIC	L688093

Surrogate: Decachlorobiphenyl

87.42

Limits: 36-116%

10 06/15/23 00:22 VIC L688093

Surrogate: Tetrachloro-m-xylene

56.13

Limits: 25-123%

10 06/15/23 00:22 VIC L688093

Analytical Method: 8151A

Prep Batch(es): L687728 06/14/23 17:00

Prep Method: 8151A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2,4-D	<0.0200	mg/L	0.0200	1	06/16/23 19:08	VIC	L688419
TCLP 2,4,5-TP (Silvex)	<0.0020	mg/L	0.0020	1	06/16/23 19:08	VIC	L688419
Surrogate: DCAA	63.20		Limits: 20-120%	1	06/16/23 19:08	VIC	L688419

Qualifiers/  
Definitions

\*

Outside QC Limit

DF

Dilution Factor

MQL

Method Quantitation Limit



30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84801  
Sample ID : 358323-2

Matrix: Solid  
Sampled: 6/6/2023 10:25

Analytical Method: 8260B  
Prep Method: 5030B

Prep Batch(es): L687679 06/14/23 09:30

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Benzene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Carbon Tetrachloride	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Chlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Chloroform	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP 1,4-Dichlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP 1,2-Dichloroethane	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP 1,1-Dichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Methyl Ethyl Ketone (MEK)	<0.200	mg/L	0.200	1	06/14/23 14:35	ELM	L687680
TCLP Tetrachloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Trichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
TCLP Vinyl Chloride	<0.0100	mg/L	0.0100	1	06/14/23 14:35	ELM	L687680
Surrogate: 4-Bromofluorobenzene	95.2		Limits: 71-137%	1	06/14/23 14:35	ELM	L687680
Surrogate: Dibromofluoromethane	84.6		Limits: 70-128%	1	06/14/23 14:35	ELM	L687680
Surrogate: 1,2-Dichloroethane - d4	79.8		Limits: 63-136%	1	06/14/23 14:35	ELM	L687680
Surrogate: Toluene-d8	97.4		Limits: 70-130%	1	06/14/23 14:35	ELM	L687680

Analytical Method: 8270D  
Prep Method: 3510C

Prep Batch(es): L687606 06/14/23 11:05

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2-Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP 3&4 Methylphenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP 2,4-Dinitrotoluene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718

Qualifiers/  
Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor

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Ms. Elizabeth Starling  
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Dothan, AL 36303

Project Ormussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84801

Matrix: Solid

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Hexachlorobenzene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Hexachlorobutadiene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Hexachloroethane	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Nitrobenzene	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP Pentachlorophenol	<0.0100	mg/L	0.0100	1	06/14/23 21:04	VBW	L687718
TCLP Pyridine	<0.0100	mg/L	0.0100	1	06/14/23 21:04	VBW	L687718
TCLP 2,4,5-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
TCLP 2,4,6-Trichlorophenol	<0.0050	mg/L	0.0050	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 2,4,6-Tribromophenol	81.3		Limits: 42-102%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 2-Fluorobiphenyl	62.5		Limits: 24-86%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 2-Fluorophenol	29.5		Limits: 13-37%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP 4-Terphenyl-d14	63.0		Limits: 30-122%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP Nitrobenzene-d5	66.5		Limits: 25-78%	1	06/14/23 21:04	VBW	L687718
Surrogate: TCLP Phenol-d6	21.9		Limits: 9-27%	1	06/14/23 21:04	VBW	L687718

### Qualifiers/ Definitions

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor





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Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84802

Matrix: Solids

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Moisture	2.55	%		1	06/14/23 17:00	KDO	SW-DRYWT

**Qualifiers/  
Definitions**

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor

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Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84802

Matrix: Solids

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Analytical Method: 8082A

Prep Batch(es): L686994 06/12/23 08:00

Prep Method: 3546

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
Aroclor 1016	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1221	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1232	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1242	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1248	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1254	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Aroclor 1260	<881	µg/Kg - dry	881	10	06/13/23 01:43	VIC	L687392
Surrogate: Decachlorobiphenyl	77.5		Limits: 25-125%	10	06/13/23 01:43	VIC	8082A
Surrogate: Tetrachloro-m-xylene	79.8		Limits: 25-125%	10	06/13/23 01:43	VIC	8082A

Qualifiers/  
Definitions

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor



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Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge  
Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84803  
Sample ID : 358323-3

Matrix: Solid  
Sampled: 6/6/2023 10:28

Analytical Method: 1311

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Metals Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP VOC ZHE Extraction	Leachate			1	06/12/23 13:00	ALM	L687150
TCLP SVOC Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Pesticide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151
TCLP Herbicide Extraction	Leachate			1	06/12/23 13:00	ALM	L687151

Analytical Method: 6010D  
Prep Method: 3015A

Prep Batch(es): L687310 06/13/23 09:47

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Arsenic	<0.250	mg/L	0.250	1	06/13/23 16:44	TJS	L687450
TCLP Barium	<0.250	mg/L	0.250	1	06/13/23 16:44	TJS	L687450
TCLP Cadmium	<0.0500	mg/L	0.0500	1	06/13/23 16:44	TJS	L687450
TCLP Chromium	<0.100	mg/L	0.100	1	06/13/23 16:44	TJS	L687450
TCLP Lead	<0.100	mg/L	0.100	1	06/13/23 16:44	TJS	L687450
TCLP Selenium	<0.500	mg/L	0.500	1	06/13/23 16:44	TJS	L687450
TCLP Silver	<0.0500	mg/L	0.0500	1	06/13/23 16:44	TJS	L687450

**Qualifiers/**  
**Definitions**

\* MQL Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor

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Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
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*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84803

Matrix: Solid

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Analytical Method: 7470A Prep Batch(es): L687498 06/14/23 08:35

Prep Method: 7470A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Mercury	<0.0200	mg/L	0.0200	1	06/14/23 14:05	FDS	L687654

Analytical Method: 8081B Prep Batch(es): L687655 06/14/23 14:00

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Chlordane	<0.008000	mg/L	0.008000	10	06/15/23 00:50	VIC	L688093
TCLP Endrin	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP gamma-BHC	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Heptachlor	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Heptachlor Epoxide	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Methoxychlor	<0.001600	mg/L	0.001600	10	06/15/23 00:50	VIC	L688093
TCLP Toxaphene	<0.01200	mg/L	0.01200	10	06/15/23 00:50	VIC	L688093
Surrogate: Decachlorobiphenyl	75.75		Limits: 36-116%	10	06/15/23 00:50	VIC	L688093
Surrogate: Tetrachloro-m-xylene	58.21		Limits: 25-123%	10	06/15/23 00:50	VIC	L688093

Analytical Method: 8151A Prep Batch(es): L687728 06/14/23 17:00

Prep Method: 8151A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2,4-D	<0.0200	mg/L	0.0200	1	06/16/23 19:33	VIC	L688419
TCLP 2,4,5-TP (Silvex)	<0.0020	mg/L	0.0020	1	06/16/23 19:33	VIC	L688419
Surrogate: DCAA	30.80		Limits: 20-120%	1	06/16/23 19:33	VIC	L688419

Qualifiers/ Definitions \* MQL Outside QC Limit Method Quantitation Limit

DF Dilution Factor



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1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84803

Matrix: Solid

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Analytical Method: 8260B Prep Batch(es): L687679 06/14/23 09:30

Prep Method: 5030B

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Benzene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Carbon Tetrachloride	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Chlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Chloroform	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP 1,4-Dichlorobenzene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP 1,2-Dichloroethane	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP 1,1-Dichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Methyl Ethyl Ketone (MEK)	<0.200	mg/L	0.200	1	06/14/23 14:56	ELM	L687680
TCLP Tetrachloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Trichloroethene	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
TCLP Vinyl Chloride	<0.0100	mg/L	0.0100	1	06/14/23 14:56	ELM	L687680
Surrogate: 4-Bromofluorobenzene	94.4		Limits: 71-137%	1	06/14/23 14:56	ELM	L687680
Surrogate: Dibromofluoromethane	90.2		Limits: 70-128%	1	06/14/23 14:56	ELM	L687680
Surrogate: 1,2-Dichloroethane - d4	92.0		Limits: 63-136%	1	06/14/23 14:56	ELM	L687680
Surrogate: Toluene-d8	94.8		Limits: 70-130%	1	06/14/23 14:56	ELM	L687680

Analytical Method: 8270D Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2-Methylphenol	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP 3&4 Methylphenol	0.531	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP 2,4-Dinitrotoluene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718

**Qualifiers/Definitions**

\* MQL Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor



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Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84803

Matrix: Solid

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Analytical Method: 8270D

Prep Batch(es): L687606 06/14/23 11:05

Prep Method: 3510C

Test	Results	Units	MDL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Hexachlorobenzene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Hexachlorobutadiene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Hexachloroethane	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Nitrobenzene	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP Pentachlorophenol	<0.0500	mg/L	0.0500	5	06/14/23 21:27	VBW	L687718
TCLP Pyridine	<0.0500	mg/L	0.0500	5	06/14/23 21:27	VBW	L687718
TCLP 2,4,5-Trichlorophenol	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
TCLP 2,4,6-Trichlorophenol	<0.0250	mg/L	0.0250	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 2,4,6-Tribromophenol	90.5		Limits: 42-102%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 2-Fluorobiphenyl	75.8		Limits: 24-86%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 2-Fluorophenol	31.5		Limits: 13-37%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP 4-Terphenyl-d14	73.5		Limits: 30-122%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP Nitrobenzene-d5	68.3		Limits: 25-78%	5	06/14/23 21:27	VBW	L687718
Surrogate: TCLP Phenol-d6	21.4		Limits: 9-27%	5	06/14/23 21:27	VBW	L687718

**Qualifiers/**  
**Definitions**

\*  
MDL

Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor





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Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023

Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 84804

Matrix: Solids

Sample ID : 358323-3

Sampled: 6/6/2023 10:28

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Moisture	21.1	%		1	06/14/23 17:00	KDO	SW-DRYWT

**Qualifiers/  
Definitions**

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
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Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 84804  
Sample ID : 358323-3

Matrix: Solids  
Sampled: 6/6/2023 10:28

<b>Analytical Method:</b> 8082A		<b>Prep Batch(es):</b> L686994		06/12/23 08:00			
<b>Prep Method:</b> 3546							
Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
Aroclor 1016	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1221	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1232	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1242	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1248	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1254	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Aroclor 1260	<84.5	µg/Kg - dry	84.5	10	06/13/23 02:05	VIC	L687392
Surrogate: Decachlorobiphenyl	83.9		Limits: 25-125%	10	06/13/23 02:05	VIC	8082A
Surrogate: Tetrachloro-m-xylene	58.3		Limits: 25-125%	10	06/13/23 02:05	VIC	8082A

### Qualifiers/ Definitions

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor





2790 Whitten Road, Memphis, TN 38133  
Main 901.213.2400 • Fax 901.213.2440  
www.waypointanalytical.com

30267

Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge  
Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

Kim S Storey

Report Number : 23-159-0096

**REPORT OF ANALYSIS**

Lab No : 85081  
Sample ID : 358323-1

Matrix: Solids  
Sampled: 6/6/2023 10:23

Test	Results	Units	ML	DF	Date / Time Analyzed	By	Analytical Method
Cyanide, Reactive	<0.127	mg/Kg	0.127	1	06/12/23 16:30	CNB	SW-7.3.3
Sulfide (Reactivity)	<25.2	mg/Kg	25.2	1	06/14/23 14:00	CNB	SW-7.3.4

**Qualifiers/**  
**Definitions**

\*  
ML

Outside QC Limit  
Method Quantitation Limit

DF Dilution Factor

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*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 85082

Matrix: Solids

Sample ID : 358323-2

Sampled: 6/6/2023 10:25

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Cyanide, Reactive	<0.125	mg/Kg	0.125	1	06/12/23 16:30	CNB	SW-7.3.3
Sulfide (Reactivity)	<25.0	mg/Kg	25.0	1	06/14/23 14:00	CNB	SW-7.3.4

### Qualifiers/ Definitions

\*  
MQL

Outside QC Limit  
Method Quantitation Limit

DF

Dilution Factor



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Polyenvironmental Corp.  
Ms. Elizabeth Starling  
1885 Headland Avenue  
Dothan, AL 36303

Project Omussee Creek Pressed Sludge

Information : Dothan, AL

Report Date : 06/19/2023  
Received : 06/08/2023

*Kim Storey*

Kim S Storey

Report Number : 23-159-0096

## REPORT OF ANALYSIS

Lab No : 85083  
Sample ID : 358323-3

Matrix: Solids  
Sampled: 6/6/2023 10:28

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Cyanide, Reactive	<0.126	mg/Kg	0.126	1	06/12/23 16:30	CNB	SW-7.3.3
Sulfide (Reactivity)	<25.3	mg/Kg	25.3	1	06/14/23 14:00	CNB	SW-7.3.4

### Qualifiers/ Definitions

\* Outside QC Limit  
MQL Method Quantitation Limit

DF Dilution Factor

## Shipment Receipt Form

Customer Number: **30267**

Customer Name: **Polyenvironmental Corp.**

Report Number: **23-159-0096**

### Shipping Method

☐ Fed Ex      ☐ US Postal      ☐ Lab      ☐ Other :   
☐ UPS      ☐ Client      ☒ Courier      Thermometer ID: T135

Shipping container/cooler uncompromised?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of coolers/boxes received	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle; text-align: center;">1</span>		
Custody seals intact on shipping container/cooler?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Present
Custody seals intact on sample bottles?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Present
Chain of Custody (COC) present?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC agrees with sample label(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC properly completed	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Samples in proper containers?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sample containers intact?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sufficient sample volume for indicated test(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
All samples received within holding time?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler temperature in compliance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler/Samples arrived at the laboratory on ice. Samples were considered acceptable as cooling process had begun.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Water - Sample containers properly preserved	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Water - VOA vials free of headspace	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Trip Blanks received with VOAs	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Soil VOA method 5035 – compliance criteria met	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
<input type="checkbox"/> High concentration container (48 hr)	<input type="checkbox"/> Low concentration EnCore samplers (48 hr)		
<input type="checkbox"/> High concentration pre-weighed (methanol -14 d)	<input type="checkbox"/> Low conc pre-weighed vials (Sod Bis -14 d)		
Special precautions or instructions included?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

Comments:

Signature: Emily M. Peterson

Date & Time: 06/08/2023 11:53:39



**Billing Information:**
**Laboratory Resources  
and Solutions, Inc.**

P.O. Box 1260  
205 6th Avenue  
Ashville, Alabama 35953  
(205) 594-1445


**LRS Client Information:**
**Polyenvironmental Corp.**

1885 Headland Avenue  
Dothan Alabama 36303

"Report to" Contact:

Elizabeth Starling

**Analysis/Container/Preservative**

Chain of Custody

Page 1 of 1

**Laboratory Resources  
and Solutions, Inc.**

A Laboratory Service Provider



Laboratory

WP Memphis, TN

**Project Name: Omussee Creek Pressed Sludge**

City/State collected: Dothan, AL

Collected by: Mixon Bowling

Client Project #:

P.O. #

Collected by (signature):

Project Turnaround (Begins on Lab Login Date)

☒ **RUSH?** Please Notify LRS

Date Results Needed:

- ☐ Same Day (200%)  
☐ Next Day (100%)  
☐ Two Day (50%)  
☐ Three Day (25%)

Packed on Ice? N Y

Number of Containers

TCLP (full)

Reactive Sulfide

Asbestos

Reactive Cyanide

PCBs \*

% Moisture (for dry-weight reporting)

Sample Information

Sample ID	Comp/Grab	Matrix	Depth	Date	Time
358323-1	C	SS		6/6/23	1023
358323-2	C	SS		6/6/23	1025
358323-3	C	SS		6/6/23	1028

**Custody Seals**

received on:

Cooler(s)/Container(s)



Matrix: SS - Soil/Solid GW - Groundwater WW - Wastewater SW - Surface Water DW - Drinking Water SLW - Solid Waste LQW - Liquid Waste  
SOL - Solvent OI - Oil WI - Wipes PW - Process Water OT - Other (Describe)

**Project Remarks:**

\* Report PCB's on a dry-weight basis. \*

Rainfall in Inches

pH Temp 1.8

Flow Other 7735

Custody Info	Relinquished by (Signature)	Date	Time	Received by	Date	Time	Condition	(Lab use only)
	<i>[Signature]</i>	6/6/23	1237	<i>[Signature]</i>	June 7, 2023	11:15 AM.		
	<i>[Signature]</i>	6/7/23	1700	<i>[Signature]</i>	6/8/23	1010		
	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time		
	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time		
	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time		

Client signature implies acceptance of LRS Terms and Conditions, which can be viewed online at [www.lab-resource.com](http://www.lab-resource.com)





# Safety Environmental Laboratories and Consulting, Inc.



## Asbestos Bulk Sample Analysis Report

989 Yeager Pkwy.  
Pelham, AL 35124

Phone: (205) 823-6200  
Fax: (205) 823-9066

Customer: **Laboratory Resources and Solutions, Inc.**  
**P.O. Box 1260**  
**205 6<sup>th</sup> Avenue**  
**Ashville, Alabama 35953**

Telephone: **205-594-1445**

LRS Client Name: **Polyenvironmental Corp.**  
**1885 Headland Avenue**  
**Dothan, Alabama 36303**

Project Number: **None Given**

Project Name: **Omussee Creek Pressed Sludge**

Project Location: **Dothan, AL**

SEL Project #: **2023-1253**

Sample Receipt Date: 06/08/2023

Sample Analysis Date: 06/09/2023

Sample Report Date: 06/12/2023

**Analysis:** Asbestos Identification in Bulk Materials by Polarized Light Microscopy

**Methods:** EPA – Appendix E to Subpart E of 40 CFR Part 763, EPA Method 600/R-93/116

**Note:** See Attached Notes and Descriptions Sheet for Applicable Abbreviations and Notes

Customer Sample No.	Lab Sample No.	Sub-sample No.	Layer No.	Sample Location / Description	Homo-geneous (yes/no)	Asbestos % and Type	% Non-Asbestos Fibers	% Non-Fibrous Material
358323-1	1	N/A	1	No Sample Description Given Sludge – Dark Gray, Soft	Y	None Detected	Cellulose Fibers Present Synthetic Fibers Present	Present
358323-2	2	N/A	1	No Sample Description Given Sludge – Light Brown/Beige, Granular, Fibrous	N	None Detected	Cellulose Fibers Present Synthetic Fibers Present	Present
358323-3	3	N/A	1	No Sample Description Given Sludge – Gray/Brown, Soft, Fibrous	N	None Detected	Cellulose Fibers Present Synthetic Fibers Present	Present

☒ This report is **FINAL**

☐ This report is **PRELIMINARY** – pending final QC

Template-QMS-012 ver. 1.7

*Carly Glidewell*

*Lacey Satterfield*

*Christy McKee*

Page 1 of 2

**Analyst**

Carly Glidewell – Technical Manager

**Technical Review**

Lacey Satterfield – Laboratory Analyst

**Quality Review**

Christy McKee – Laboratory Director





## Safety Environmental Laboratories and Consulting, Inc.

### Asbestos Bulk Sample Analysis Report

989 Yeager Pkwy.  
Pelham, AL 35124

Phone: (205) 823-6200  
Fax: (205) 823-9066



#### PLM Notes and Descriptions

1. Upper detection limit: 100%. Lower detection limit: <1%.
2. Bulk Samples will be stored for 3 months and will then be disposed of in an approved EPA landfill.
3. Analysis of floor tile or any other resinously bound materials by polarized light microscopy (PLM) using EPA – Appendix E to Subpart E of 40 CFR Part 763, EPA Method 600/R-93/116 may yield false-negative results because of method limitations in separating closely bound fibers from matrix material and in detecting fibers of small length and/or diameter. When analysis of such materials by the EPA PLM Method yields negative results for the presence of asbestos we recommend utilizing alternative methods of identification such as Gravimetry, XRD or AEM.
4. Analysis of vermiculite samples by polarized light microscopy (PLM) using EPA – Appendix E to Subpart E of 40 CFR Part 763, EPA Method 600/R-93/116 may yield false-negative results because of method limitations in separating particulate materials from the vermiculite as well as limitations in detecting fibers of small length and/or diameter. It is recommended that vermiculite samples identified as negative be analyzed further by alternative methods such as the Cincinnati method.
5. Samples are not homogenized by SELC prior to analysis. Distinct material layers within a sample are analyzed and reported separately by SELC. When multiple products are submitted by the customer under one sample number, SELC indicates those distinct products as sub-samples. SELC retains all sample numbers but will designate a sample number to those that are not given a sample number by the customer.
6. Percentages given are based on a visual estimated calibration.
7. Safety Environmental Laboratories and Consulting, Inc. is a NVLAP accredited laboratory, Lab Code: 200873-0 (ISO/IEC Standard 17025:2017 Compliant).
8. All tests were performed under the scope of SELC's NVLAP accreditation, unless indicated otherwise.
9. All samples were tested in the condition received ("Good", unless otherwise noted).
10. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the Federal Government.
11. Analysis performed using a Leica DM750P Polarized Light Microscope.
12. These results only apply to samples tested with customer provided information. Please see attached Chain of Custody.

Template-QMS-012 ver. 1.7

*Carly Glidewell*

*Lacey Satterfield*

*Christy McKee*

Page 2 of 2

**Analyst**

Carly Glidewell – Technical Manager

**Technical Review**

Lacey Satterfield – Laboratory Analyst

**Quality Review**

Christy McKee – Laboratory Director



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**Dotha Utilities  
TCLP Sample Chain Of Custody  
Omusee WWTP**

Custody Transfer	Signature	Date	Time	For Lab Use Only	Yes	No	N/A
Sample Collector	<i>Myron Borky</i>	6-6-23	10:23 AM	Within Holding Time	✓		
Sample Collector Relinquished	<i>Myron Borky</i>	6-6-23	11:41 AM	Preserved Correctly	✓		
Received By	<i>Myron Borky</i>	6-6-23	11:41	Sufficient Volume	✓		
Relinquished By				Container Leaking		✓	
Received By				Correct Container	✓		
Relinquished By				Label Agrees w/Chain of Custody	✓		

[illegible]